

**BREASTFEEDING - A GREAT START**

**A STRATEGY FOR NI 2013-2023**

**MID-TERM REVIEW**

**MAY 2018**

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## INTRODUCTION

### **Purpose of the Review**

1. The purpose of '*Breastfeeding – A Great Start. A strategy for Northern Ireland 2013-2023*' is to improve the health and well-being of mothers and babies in Northern Ireland through breastfeeding and outlines the strategic direction to protect, promote, support and normalise breastfeeding in Northern Ireland until 2023.
2. In the Strategy there was a commitment to carry out interim reviews in 2016 and 2019, with a final overall evaluation of the Strategy to be conducted in 2022/23. The 2016 interim review was delayed due to resource constraints.
3. This paper (the Mid-term Review) therefore covers the proposed 2016 and 2019 reviews. It outlines the progress made to date through the action plan and assesses and recommends what new actions are needed to be added to the action plan to keep the Strategy fresh and current.

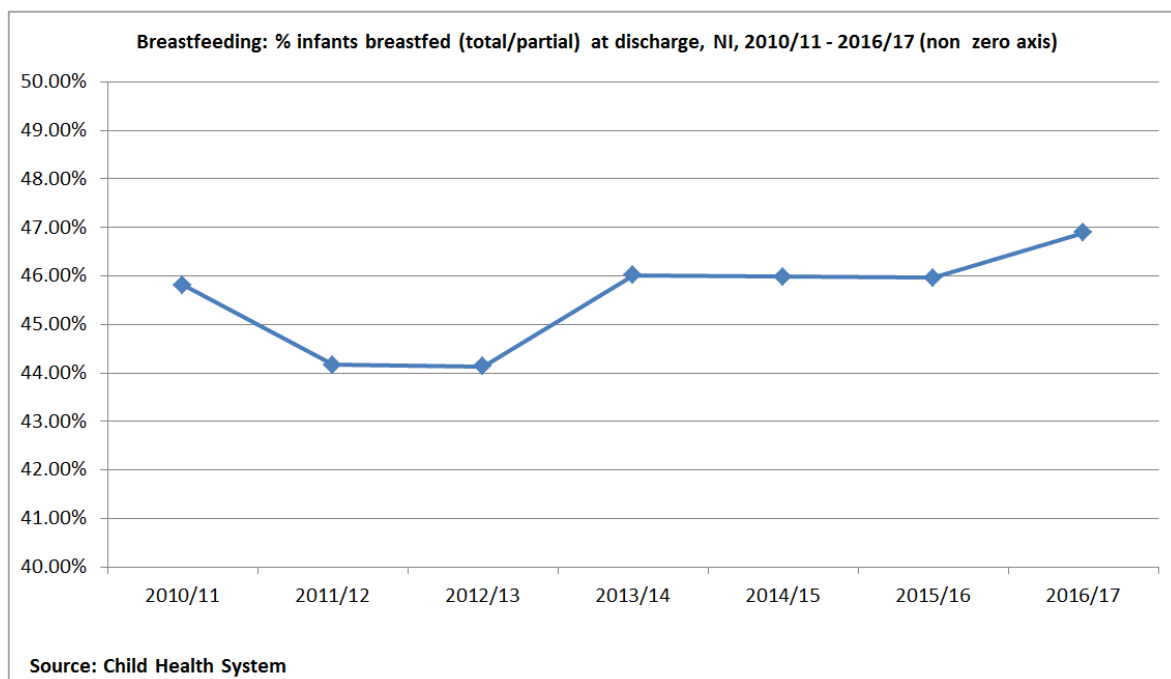
### **The importance of breastfeeding to health**

4. Epidemiological and biological findings from the past decade expand on the known benefits of breastfeeding for women and children<sup>1&2</sup>. In 2016 a meta-analysis published in the Lancet confirmed that, even in high-income countries, protection is afforded against childhood infections and malocclusion, increases in intelligence and probable reductions in overweight and diabetes<sup>2</sup>. Breastfeeding is associated with a reduced risk of breast and ovarian cancer with evidence also suggesting a likely reduction in the risk type 2 diabetes for breastfeeding mothers<sup>2</sup>. It is estimated that if breastfeeding was increased to a near universal level, globally it could prevent 823,000 annual deaths in children younger than 5 years and 20,000 annual deaths from breast cancer<sup>2</sup>.

## **Breastfeeding in Northern Ireland**

5. Data from the last UK Infant Feeding Survey in 2010 showed an increase in breastfeeding *initiation rates* in Northern Ireland from 36% in 1990 to 64% in 2010<sup>3</sup>. Northern Ireland however, continues to have the lowest breastfeeding rates in the UK. Data from the Northern Ireland Child Health System (CHS) shows that the number of mothers going home from hospital breastfeeding (**Figure 1**) has been relatively stable over the period 2010/11-2016/17, with the suggestion of a slight increase in 2016/17<sup>4</sup> when almost 47% of infants were receiving any breastmilk (total or partial feeding) at the time of discharge from hospital. Provisional NI Maternity Information System data for 2017 shows 47.5% of infants were receiving any breastmilk at discharge.
6. Breastfeeding rates on discharge vary by Health Trust, ranging from 41.3% of infants in the Western Health and Social Care Trust to 50.1% of infants in the South Eastern Health and Social Care Trust<sup>5</sup>. Data from the CHS shows that the proportion of infants receiving any breastmilk decreases across the first year. Data, for example, for 2015/16 shows that while 45.4% of infants were receiving any breastmilk at discharge, this decreased to 28.4% at 6 weeks and 8.1% at 12 months after the baby was born<sup>4</sup>.
7. Rates of breastfeeding are also seen to vary according to maternal and social characteristics, for example, in terms of maternal age data for 2016/17 shows that 21.2% of infants born to mothers under 20 were breastfed at discharge, compared to 56.3% of infants to mothers aged 40 and over. There is also an association between rates of breastfeeding and deprivation with rates of breastfeeding being markedly lower in the most deprived areas<sup>6</sup>. In 2016/17, 30.8% of mothers from the 20% most deprived areas were breastfeeding at discharge compared to 64.4% of mothers from the least deprived areas. It should however be noted that breastfeeding rates increase with age of mother, and more deprived areas have a higher proportion of younger mothers.

**Figure 1: % infants breastfed (total/partial) at discharge, Northern Ireland, 2010/11–2016/17<sup>4</sup>**



## POLICY CONTEXT AND RELATED STRATEGIES

8. The stated purpose of the Northern Ireland Programme for Government (PfG) Framework 2016-2021 is to “Improve wellbeing for all – by tackling disadvantage, and driving economic growth”. The PfG framework for NI focuses on 14 high level strategic outcomes and two outcomes of particular relevance to breastfeeding include:

- Outcome 4 - we enjoy long, healthy, active lives; and
- Outcome 12 - we give our children and young people the best start in life.

9. *Making Life Better 2012–2023* is a ten year public health strategic framework which provides direction for policies and actions to improve the health and wellbeing of people in Northern Ireland. The strategy focuses on six key themes. Breastfeeding is included within *Making Life Better* under the following Thematic areas:

**Thematic area 1:** ‘Giving Every Child the Best Start’ recognises that what happens to children in their earliest years is key to outcomes in adult life. Outcome 2 – Healthy and confident children and young people to include implementation of the breastfeeding strategy including support programmes for those least likely to breastfeed.

**Thematic area 3:** ‘Empowering healthy living’. Outcome 7 – Improved health and reduction in harm – Develop and implement strategies, action plans and targeted programmes to – increase breastfeeding rates.

**Thematic area 6:** ‘Developing Collaboration’ identifies a requirement to consider and implement legislative change to support public health including promotion and support of breastfeeding under the outcome of ‘A Strategic Approach to Public Health’.

10. Other strategies in Northern Ireland that relate to breastfeeding include:

- Health and Wellbeing 2026 – Delivering Together, Department of Health (2016)
- A Fitter Future for All-Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022, Department of Health, Social Services and Public Safety (DHSSPS 2012)
- A Strategy for Maternity Care in Northern Ireland 2012-2018, DHSSPS (2012)
- A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025, DHSSPS (2005).
- The Executive’s Child Poverty Strategy, Northern Ireland Executive (2016)
- Children and Young People’s Strategy 2017-2027 Consultation Document, Department of Education (DE)
- ‘Supporting the best start in life’ Infant Mental Health Framework and Action Plan 2015 – 2018, Public Health Agency (2016)
- A Strategy for Social Work in Northern Ireland 2012-2022, DHSSPS (2012)

## THE STRATEGY

11. The Breastfeeding Strategy 2013-2023 sets out four strategic outcomes and twenty underpinning actions. These outcomes and actions have informed the work of the Breastfeeding Strategy Implementation Steering Group (BSISG) and the development of the BSISG Action Plan.

### Breastfeeding Strategy 2013-2023: Outcomes and Actions

<b>Outcome 1 - Supportive environments for breastfeeding exist throughout Northern Ireland.</b>
Develop and implement breastfeeding support policies in all HSC organisations.
Provide supportive breastfeeding environments through staff education, and the implementation of policies which support best practice and training.
Provide information and education to pregnant women, mothers, fathers, birth partners, family members, to facilitate knowledge and understanding to enable informed decision-making about infant feeding.
Promote and extend the roll-out of “Breastfeeding Welcome Here scheme” to grow membership in the public and private sectors and public facilities.
Introduce legislation to support breastfeeding in public places.
Encourage HSC organisations and Department of Health to act as exemplar models in providing supportive employment environments for breastfeeding mothers returning to work.
Advocate for the strengthening of the legislation regulating Infant Formula and Follow-on Formula milks to prevent marketing of these products to the public.
Encourage Government Departments and Statutory bodies to recognise the value of breastfeeding.



**Outcome 2 - Health and Social Care has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding.**

Provide both regional and local lead for implementation of the Breastfeeding Strategy.

Achieve and maintain UNICEF UK BFI accreditation in all maternity and community health care services, and support NI Universities to achieve UNICEF UK BFI University Standards accreditation for midwifery and health visiting training courses.

Encourage undergraduate and postgraduate education providers to include breastfeeding education to other relevant HSC professions.

Provide accessible breastfeeding, practical and problem solving support from a midwife, or a health visitor, or maternity support worker.

Develop and deliver community support programmes, including peer support with a focus on those least likely to breastfeed.

Provide mothers of vulnerable infants with tailored information and support for breastfeeding and, where appropriate, provide donor breast milk.

Monitor compliance and report violations under the WHO International Code of Marketing of Breast Milk Substitutes.

**Outcome 3 - High quality information systems in place that underpin the development of policy and programmes, and which support Strategy delivery.**

Collect information on Northern Ireland prevalence of breastfeeding according to maternal age, education levels, socio-economic status etc.

Collect, monitor, and report breastfeeding initiation rates and incidence at discharge, 10 days, 6 weeks, 3 months, 6 months – regionally and locally.

Regularly review research information, support and commission local research, and adapt services in light of research findings.

**Outcome 4 - An informed and supportive public.**

Develop and deliver programmes which promote breastfeeding and to facilitate change in attitudes and culture around breastfeeding.

Encourage Government Departments and Statutory Bodies to depict breastfeeding as the norm.

## STRATEGY IMPLEMENTATION STRUCTURES

12. Implementation of the Breastfeeding Strategy is overseen by the Breastfeeding Strategy Implementation Steering Group (BSISG). This regional multi-disciplinary and inter-sectorial group meets three times a year and is chaired by the Public Health Agency Director of Public health. The identified implementation lead is Janet Calvert, PHA Regional Breastfeeding Lead, Health and Social Well-being Improvement Manager.
13. Membership of Breastfeeding Strategy Implementation Steering Group includes:
  - Department of Health policy leads;
  - Representatives from PHA Health Improvement, Health Intelligence, Research and Development and Communications;
  - Infant Feeding Specialists;
  - Academic researchers;
  - Midwifery and health visiting managers;
  - Community and voluntary sector representatives; and a
  - Sure Start Manager.
14. The Group has developed a live action plan which is reviewed on an ongoing basis in advance of the three meeting each year. Ten workstrands or themes have been identified to support achieving the Strategy outcomes and progress action. The workstrands taking forward effective action are detailed below.

	<b>Workstrands</b>
1	Legislation and Cross-Government Lead
2	Workplace Support
3	HSC and Community Support
4	Neonatal Units
5	Baby Friendly Settings

6	Professional Training and Development
7	Public Information
8	Monitoring and Indicators
9	User Involvement
10	Research and Development

## PROGRESS AND KEY DEVELOPMENTS BY WORKSTRAND

15. The Breastfeeding Strategy Implementation Steering (BSISG) has developed a rolling BSISG action plan which is updated three times a year in advance of each meeting.
16. The Strategy identifies specific indicators for each of the 20 actions which underpin the four strategic outcomes<sup>7</sup>. In **Annex 1**, Breastfeeding Strategy Implementation – Progress and Priorities, details are provided on the progress against the strategic outcomes and actions since 2013.
17. The following achievements under each workstrand are particularly significant:

<b>1. Legislation and Cross-Government Lead</b>
<ul style="list-style-type: none"><li>• Ministerial intention to introduce legislation to support mother's breastfeeding in public was announced in January 2017; however progress has stalled due to the current political situation. A potential Breastfeeding Bill needs Executive approval.</li></ul>
<b>2. Workplace Support</b>
<ul style="list-style-type: none"><li>• Partnership working between PHA and the Health and Safety Executive (HSE) resulted in the updating of information leaflets for women and employers and circulation of a joint PHA and HSE letter regarding supportive workplaces policies and good practice.</li><li>• Annual updating, production and supply of PHA written resources for women and their employers on breastfeeding and returning to work.</li><li>• Development of a sample policy for workplaces on supporting employees who are combining breastfeeding with working <a href="http://www.publichealth.hscni.net/publications/sample-policy-supporting-breastfeeding-employees-0">http://www.publichealth.hscni.net/publications/sample-policy-supporting-breastfeeding-employees-0</a></li></ul>

### **3. HSC and Community Support**

- Investment in Breastfeeding Peer Support Volunteer Training with the development of a training CD resource and Certification of a course with Open College Network Northern Ireland.
- Establishment of a new Midwifery-led Tongue Tie service in the Northern HSC Trust.
- Investment bid for Maternity Support Workers developed but as it is a service development, funding has not been secured to date.

### **4. Neonatal Units**

- Establishment of the breastfeeding quality initiative with the Neonatal Network.
- Development of new Neonatal Infant Feeding Lead posts within each of the Health and Social Care Trusts.
- Enhanced support for the provision of Tiny Life Breastpump Loan Service.
- PHA provision of a new UNICEF Leaflet on supporting love and nurture in the Neonatal Unit.
- Support to the Human Milk Bank with increasing capacity through investment in pasteurisation equipment.

### **5. Baby Friendly Settings**

- In 2016 Northern Ireland became first region in UK to achieve 100% births taking place in a UNICEF UK Baby Friendly Initiative maternity service.
- Leadership and support for a new Breastfeeding Coordinators Forum, now known as the National Infant Feeding Network (NIFN) Northern Ireland, which is linked to the UK National Infant Feeding Network.
- Support for WHO Code of Marketing of Breastmilk Substitutes through seminars and development of a health professional summary guide and challenging implementation where appropriate.
- Expansion of the Breastfeeding Welcome Here Scheme to over 600 members to include high profile members such as National Museums NI, Local Councils and Parliament Buildings.

<p><b>6. Professional Training and Development</b></p>
<ul style="list-style-type: none"> <li>• Completion and dissemination of Breastfeeding Education and Skills Competency Framework.</li> <li>• Investment in training for over 700 health professionals through delivery of UNICEF UK Baby Friendly Initiative courses.</li> <li>• Development of inter-disciplinary under-graduate training in Queens University with medical students, student midwives and student nurses.</li> <li>• Queens University Belfast, Midwifery Training Programme achieved full UNICEF UK Baby Friendly Initiative University standards accreditation in 2017.</li> <li>• Solihull training has been provided to midwives as part of the Getting Ready for Baby programme</li> </ul>
<p><b>7. Public Information</b></p>
<ul style="list-style-type: none"> <li>• The PHA launched a new public information campaign #NotSorryMums on 31<sup>st</sup> January 2018 which aims to highlight the health benefits of breastfeeding and support mums to feel more comfortable breastfeeding in public.</li> <li>• Review of parent information such as ‘Off to a Good Start’ and the parents website <a href="http://www.breastfedbabies.org">www.breastfedbabies.org</a></li> <li>• Development and support for a Breastfeeding Communication Plan and use of the media and PHA social media to highlight breastfeeding issues.</li> </ul>
<p><b>8. Monitoring and Indicators</b></p>
<ul style="list-style-type: none"> <li>• Update to the Child Health System (CHS) software to extend recording and collation of infant feeding trends beyond discharge from hospital.</li> <li>• Production of Health Intelligence Briefings to enable the monitoring and dissemination of information on breastfeeding rates and trends from Northern Ireland Maternity Information System (NIMATS) and CHS data.</li> <li>• Update to the Northern Ireland Maternity Information System (NIMATS) to capture new infant feeding data.</li> <li>• Review of Infant feeding definitions within the CHS.</li> </ul>
<p><b>9. User Involvement</b></p>
<ul style="list-style-type: none"> <li>• Focus group research undertaken with service users and feedback used to inform service developments.</li> </ul>

## **10. Research and Development**

- Establishment of a Breastfeeding Research group and commissioning of an evidence review undertaken by the Doctoral Midwifery Research Society (DMRS).

## **WORLD BREASTFEEDING TREND INITIATIVE (WBTI)**

18. In 2016 Northern Ireland participated in the World Breastfeeding Trend Initiative (WBTi). The WBTi focuses on 10 key indicators from the evidence-based strategies in the WHO Global Strategy for Infant and Young Child Feeding and the Innocenti Declaration, which are described in the *2008 Protection, Promotion and Support of Breastfeeding in Europe: a blueprint for action* and in *Infant and Young Child Feeding: Standard Recommendations for the European Union*.
  
19. A comparison in 2016 of the WBTi indicator report cards across UK shows Northern Ireland scored highest on the indicators relating to Policies and Programmes but lowest on indicators relating to trends in feeding practices (breastfeeding rates). Overall, Northern Ireland was second to Scotland on the total indicator score. The WBTi report can be seen at <https://ukbreastfeeding.org/wbtiuk2016/>.





## **BREASTFEEDING IN IRELAND: INSTITUTE OF PUBLIC HEALTH REPORT**


20. In October 2017 the Institute of Public Health Ireland published a report *Breastfeeding on the island of Ireland*. This report suggests that breastfeeding rates are increasing steadily in Ireland but the gap between North and South is getting wider. The report states that, in the Republic of Ireland, the breastfeeding rate on discharge from hospital has increased by 9% in the last decade to 58% in 2015. However in Northern Ireland, the rate has increased by only 5% in the past decade to 46% in 2015/16. The full report is available at <https://www.publichealth.ie/publications>

## PRIORITIES AND NEXT STEPS




21. Despite significant progress on actions to promote and support breastfeeding, data from NIMATS and the Child Health System suggests that the number of women breastfeeding in Northern Ireland have remained relatively stable over the last five years. There is, therefore, need for further robust action within available resources. Breastfeeding practices are affected by a wide range of historical, socioeconomic, cultural and individual determinants. Interventions in health care settings, with family and community, workplace and employment will lead to creating a more supportive environment and will improve breastfeeding outcomes. Political support and financial investment are needed to fully protect, promote and support breastfeeding. There is also a need to recognise the effect of low breastfeeding rates on the economy and the environment<sup>8</sup>.
  
22. As detailed in **Annex 1**, the priorities and next steps include:
  - Legislation, subject to Ministerial approval, which protects and promotes breastfeeding in public in order to strengthen public support to women at key opportunities to help inform and create a more tolerant and supportive environment.
  
  - A need to prioritise investment to secure increased access to support from Maternity Support workers in the post-natal wards and in the community. Feedback from service users suggests that women need more practical support with breastfeeding while in hospital and when home, particularly in the first few days and weeks of breastfeeding.
  
  - Information for the public to promote breastfeeding and facilitate change in attitudes and culture. The Public Health Agency has developed a breastfeeding public information campaign, #NotSorryMums which was broadcast for the first time in February and March 2018.


- Support for all Sure Starts to implement UNICEF UK Baby Friendly Initiative Children's Centre standards for breastfeeding and relationship building. The Public Health Agency Health Intelligence Briefings (attached in **Annex 2**) consistently reports that those least likely to breastfeed include young mothers and those living in areas of socio-economic deprivation.
- Quality initiatives by new Neonatal Infant Feeding Leads which seek to address low breastfeeding rates in Neonatal Units. Premature and ill infants benefit most from receiving their mothers own breastmilk. Data from the report on Neonatal Care in Northern Ireland, 2015 reported that 37.9% of infants of <33 weeks' gestation were receiving any of their own mother's milk when discharged home compared to the UK National Neonatal Audit Programme (NNAP) performance of 58.9% for the same time period.
- New mothers are increasingly accessing information and support from web-based sources and social media. Breastfeeding in Northern Ireland Facebook page has over 7,000 members and mothers report this is a readily accessible source of support for them. The Breastfeeding Strategy Implementation Steering Group has been provided with evidence from a research study on use of the internet and social media for breastfeeding support. Further consideration is needed to encourage women to use social media and to access reliable web-based information.
- Breastfeeding has an important role in supporting positive, proactive attachment behaviours. The Baby Friendly Initiative, Solihull approach and Getting Ready for Baby are working together to enable all parents to support baby brain development by building close and loving relationships with their baby starting in pregnancy. This work should be built upon and evaluation used to further develop ante-natal education.

<b>BREASTFEEDING STRATEGY IMPLEMENTATION - PROGRESS AND PRIORITIES</b>				
<b>Outcome 1: Supportive environments for breastfeeding exist throughout Northern Ireland</b>				
<b>Strategic Actions</b>	<b>Indicators (DoH)</b>	<b>RAG Status</b>	<b>Progress – Actions to Date</b>	<b>Next Steps</b>
Develop and implement breastfeeding support policies in all HSC organisations.	Policies in place.		As part of achieving and maintaining UNICEF UK Baby Friendly accreditation, each HSC Trust has a mandatory breastfeeding policy for delivery of information and support to women within maternity and health visiting settings. These policies support best practice.	Assess effective implementation of policies using audit of staff knowledge and care provided to pregnant women and new mothers.  HSC encouraged to develop policies for breastfeeding in special circumstances for example Looked After Children.
Provide supportive breastfeeding environments through staff education, and the implementation of policies which support best practice and training.	Implementation of relevant NICE guidance. BFI awards across the HSC sector.		In 2016 Northern Ireland became first in UK to achieve UNICEF UK Baby Friendly Initiative (BFI) accreditation across all maternity services.  Four of our five HSCTs have full BFI accreditation within health visiting services. BHSCT is being funded by PHA to support	Support Sure Start services to seek BFI accreditation collectively within each Child Care Partnership.  BHSCT health visiting service to achieve BFI accreditation.

			<p>a project lead to take forward a BFI award for health visiting.</p> <p>QUB Midwifery training programme has achieved BFI University standards accreditation in 2017.</p> <p>New role of Neonatal Infant Feeding Lead in place across all 5 HSC Trusts with the aim of implementation of BFI Neonatal Standards.</p>	<p>University of Ulster to take steps to achieve BFI accreditation for the Health Visiting training programme.</p> <p>Support BFI accreditation in Neonatal Units.</p>
<p>Provide information and education to pregnant women, mothers, fathers, birth partners, family members, to facilitate knowledge and understanding to enable informed decision-making about infant feeding.</p>	<p>Implementation of relevant NICE guidance. BFI awards across the HSC sector.</p>		<p>A regional review of ante-natal education undertaken and subsequently Solihull training and the Solihull approach was implemented by midwives. New Group based ante-natal education and care programme developed and delivered under EITP 1 - 'Getting Ready for Baby' provided for first time parents.</p> <p>PHA publications 'Pregnancy Book', '0-5 and Off to a Good Start' are updated annually and available to all expectant and new mothers. These publications reflect BFI standards and the latest available evidence.</p>	<p>Develop and implement effective group based ante-natal education programmes which provide mothers with the information and support needed to breastfeed successfully.</p> <p>Ensure continued provision of accurate, accessible and up to date published and online parent resources.</p>

		<p>The PHA website <a href="http://www.breastfedbabies.org">www.breastfedbabies.org</a> was updated in July 2017 with new videos and an interactive map which signposts to local support.</p> <p>Content of <a href="http://www.breastfedbabies.org">www.breastfedbabies.org</a> has also been included in NI Direct.</p> <p>PHA has supported Best Beginnings to transfer NI support contacts to their Baby Bump app.</p> <p>World Breastfeeding Week in August has been the focus for media opportunities to highlight the importance of breastfeeding and signpost to support.</p> <p>Dr Maria Herron delivered a presentation to BSISG on the use of the internet and social media for breastfeeding support. It is recognised that this is an important vehicle for supporting women.</p>	<p>Include effective information on breastfeeding twins or more in PHA publications and web-based information.</p> <p>Use PPI to inform the development and maintenance of breastfeeding support materials aiming to improve breastfeeding outcomes for women and their babies, including mothers of more than one baby.</p> <p>Develop guidance for health professionals on use of social media for breastfeeding support to be able to signposting expectant and new mothers to reliable web-based information and to link with social media support networks.</p>
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<p>Promote and further roll-out “Breastfeeding Welcome Here” to extend membership to more businesses and public facilities.</p>	<p>Membership numbers. Public sector and community/ voluntary sector membership.</p>		<p>PHA Breastfeeding Welcome Here scheme is promoted on and on-going basis using social media and media interest stories.</p> <p>Used World Breastfeeding Week and Bank Holidays as a focus for the Breastfeeding Welcome Here scheme.</p> <p>Membership has increased significantly in recent years with over 660 members. Since 2013 high profile new members include Parliament Buildings, Belfast City Councils, Ards and North Down. Belfast International airport, NI Museums and NI Libraries.</p>	<p>Using the new interactive map, focus on areas with low and no membership to spread coverage.</p> <p>Target large retailers to become members of the welcome here scheme.</p> <p>Achieve full 11 council membership by 2019.</p> <p>Work with the community and voluntary sector to identify and recruit local organisations willing to support the scheme.</p>
<p>Introduce legislation to support breastfeeding in public places.</p>	<p>Public consultation. Legislation enacted.</p>		<p>Former Health Minister Michelle O’Neill announced in January 2017 her intention to introduce legislation to support mothers breastfeeding in public. However, it has not been possible to progress this legislation in the absence of an NI Executive.</p> <p>DoH cannot progress this work until a new Health Minister is appointed.</p>	<p>Seek direction from a new Health Minister for breastfeeding in public legislation.</p> <p>If a new Minister agrees, DoH will progress the drafting of a bill and complete the consultation process.</p>
<p>Encourage HSC</p>	<p>HR policies in</p>		<p>Recommendations on good practice</p>	<p>Check progress across</p>

<p>organisations and the Department of Health to act as exemplar models in providing supportive employment environments for breastfeeding mothers returning to work.</p>	<p>place that reflect BFI.</p> <p>Employee survey feedback</p>		<p>provided to Trust HR departments. Resources developed and disseminated including a mother leaflet, employer leaflet and a PHA sample policy.</p> <p>The Workplace workstrand have reviewed current policy within HSC and has made recommendations.</p>	<p>HSC and DoH regarding policies which support breastfeeding employees and make practical recommendations on best practice.</p> <p>Encourage DENI to implement supportive policies for breastfeeding employees,</p> <p>Undertake an employee evaluation to further explore working practices and support within HSC and DoH.</p>
<p>Advocate for the strengthening of the legislation regulating Infant Formula and Follow-on Formula milks to prevent marketing of these products to the public.</p>	<p>Change to existing legislation.</p>		<p>The Food Safety (Information and Compositional Requirements) Regulations (Northern Ireland) 2016 give enforcement officers the power to serve Improvement Notices for failure to comply with existing provisions for labelling, composition, and advertising of foods for specific groups.</p> <p>Alison Thewliss MP has proposed to bring in a Bill “Feeding Products for Babies and Children Advertising and Promotion”</p> <p>Support was provided to NI Code Monitoring group to hold a seminar to</p>	<p>Continue to raise awareness of the influence of the Infant Formula Industry on infant feeding decisions.</p> <p>Work with FSA to report concerns regarding the inappropriate marketing of breastmilk substitutes.</p> <p>Support the community and voluntary sector and service users to influence</p>



			<p>Belfast in February 2017.</p> <p>Code summary guide developed by BSISG.</p> <p>WHO International Code of Marketing issues relating to HSC reported to the Regional Lead and the Chair of National Infant Feeding Network NI.</p>	<p>changes to marketing legislation as part of the consultation process of the new bill.</p> <p>Ongoing development of a reporting mechanism across HSC</p>
Encourage Government Departments and Statutory bodies to recognise the value of breastfeeding.	Policies in place in statutory settings.	●	<p>Breastfeeding included in the new NI Healthcare and Criminal Justice Strategy.</p> <p>Recommendations made to Councils and DoH regarding policy to support breastfeeding employees. Joint letter sent from PHA and HSENI to public sector organisations signposting to best practice and resources.</p>	<p>Further action needed to assess actions taken by public sector organisations.</p> <p>Review of what has been done since the guidance was issued is needed to assess impact.</p>

**Outcome 2:- Health and Social Care has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding**


Strategic Actions	Indicator	RAG Status	Progress – Actions to Date	Next Steps
<p>Provide both regional and local lead for implementation of the Breastfeeding Strategy.</p>	<p>Regional lead co-ordinator post and local breastfeeding co-ordinator in place.</p> <p>Implementation of action plans in support of the strategy.</p>	<p></p>	<p>PHA supports the role of Regional Breastfeeding Lead as part of the role of Health and Social Well-being Manager.</p> <p>Since 2016 each HSCT has an established hospital and a community Breastfeeding Coordinator /Infant Feeding Lead post. PHA funds or partially funds breastfeeding posts in 4 of 5 Trusts (WHSCT fully funds local breastfeeding coordinator posts).</p> <p>PHA is also funding new Neonatal Infant Feeding Lead posts, these posts are now in place in all 5 HSCTs</p>	<p>The role of HSCT Breastfeeding Coordinator /Infant Feeding Lead to be protected and maintained as key to service delivery and to ensuring access to expertise.</p> <p>Workforce planning needed to maintain Breastfeeding project leads and specialists to deliver on strategic actions and improve outcomes.</p> <p>Recognition of the Breastfeeding specialist role is needed to encourage this career pathway. Consideration could be given to commissioning a Breastfeeding module every 2 years at MSc level.</p>

			<p>The 5 HSCTs each have a local breastfeeding steering group which supports best practice and implementation of BFI standards at local level.</p> <p>The BSISG Regional action plan is updated 3 times a year and informs the work of BSISG.</p>	<p>Breastfeeding specialists to be supported to upskill and develop local midwifery led tongue tie services.</p> <p>BSISG to consider including an Outcomes Based Accountability approach in reporting and develop a score card in line with other strategies.</p>
<p>Achieve and maintain UNICEF UK BFI accreditation in all maternity and community health care services, and support NI Universities to achieve UNICEF UK BFI University Standards accreditation for midwifery and health visiting training courses.</p>	<p>Proportion of UNICEF UK BFI awards in maternity services, health visiting services, Sure Starts and Universities.</p>	●	<p>Since 2016 100% births are in a NI BFI fully accredited maternity service.</p> <p>80% new births are supported by BFI fully accredited health visiting service. WHSCT, NHSCT, SEHSCT and SHSCT have all of their health visiting services accredited. BHSCT health visiting services have been supported by PHA with the appointment of a Community Infant Feeding Lead in 2016 and are now working towards accreditation.</p> <p>10% (4 out of 39) Sure Starts have full BFI Children's Centre accreditation. (4 Belfast Sure Starts have been fully accredited against BFI Children Centre Standards). Through the PHA UNICEF contract 50% of</p>	<p>Provide on-going support for maternity services to maintain BFI accreditation.</p> <p>100% of health visiting services in NI to achieve full BFI accreditation by 2020.</p> <p>Regional Lead to continue to work with Child Care Partnership Leads to support implementation of BFI standards across all</p>

			<p>Sure Start assessment costs are met.</p> <p>QUB Midwifery training was fully BFI accredited in 2017 having implemented BFI standards within undergraduate midwifery course.</p> <p>Since 2015 UU health visiting students provided with breastfeeding training which covers BFI standards and is delivered by the Regional Lead.</p> <p>Some facilities who have been BFI accredited for several years have been provided with support to implement BFI Achieving Sustainability Standards and to apply for a Gold Award.</p>	<p>Sure Starts by 2023.</p> <p>QUB supported to maintain the BFI University standards.</p> <p>UU to seek and achieve BFI accreditation for the health visiting undergraduate course.</p> <p>Support all eligible services to implement BFI Achieving Sustainability standards.</p>
Encourage undergraduate and postgraduate education providers to include breastfeeding education to other relevant HSC professions.	Breastfeeding included in course curricula.	●	<p>The Professional Training and Development workstrand have developed a Breastfeeding knowledge and skills competency framework for all HSC Staff, this was completed and disseminated in 2017.</p> <p>PHA has commissioned UNICEF courses on an ongoing basis since before 2013 and in the period 2013 – 2017 a total of 45 courses have been provided with over 700 health professionals trained.</p> <p>AHP's working within the Neonatal setting</p>	<p>Ongoing support to develop and maintain training provision and ensure access for all professional groups.</p> <p>Plan an evaluation of the Competency Framework to be undertaken in 2019.</p> <p>Pharmacist's e-learning</p>

			<p>were supported to attend UNICEF BFI training during 2016 and 2017.</p>	<p>package to be developed by NICPLD to be completed in 2018.</p> <p>More maternity support workers to be trained to focus on breastfeeding support both in hospital and community.</p>
<p>Provide accessible breastfeeding, practical and problem solving support from a midwife, or a health visitor, or maternity support worker.</p>	<p>Surveys.</p>	<p>●</p>	<p>BFI process and audit findings provide on-going feedback of mother's experiences of HSC support.</p> <p>PHA has commissioned and published focus group research on breastfeeding information and support.</p> <p>An on-line questionnaire is being developed to be used within maternity services to obtain feedback.</p> <p>Service pressure request for at least 2</p>	<p>UNICEF UK BFI standards relating to breastfeeding specialist care pathways to be implemented across both maternity and health visiting services.</p> <p>Findings from the focus group research to be used to inform service improvements.</p> <p>The online user survey is to be finalised and used to provide an on-going regional consistent approach to receiving feedback from service users and informing quality improvements.</p> <p>Re-configure/re-design</p>

			<p>extra whole time equivalent (WTE) community maternity support workers in each Trust was submitted to DoH NI in 2016 and unsuccessful to date.</p>	<p>delivery of breastfeeding support in HSC and increase access to maternity support workers for breastfeeding and parenting support. This could be considered in the development of the new post-natal care pathway. Service pressure for more maternity support workers to be re-submitted in service pressure lists for priority consideration.</p>
<p>Develop and deliver community support programmes, including peer support targeting those least likely to breastfeed.</p>	<p>Breastfeeding support services are commissioned by Health and Social Care Board and PHA.</p> <p>Evidence of joint programmes with voluntary and community organisations.</p> <p>Number of active peer support groups.</p>	<p>●</p>	<p>PHA commissions the following CV services;</p> <ul style="list-style-type: none"> <li>• La Leche League, Breastfeeding groups and training of counsellors.</li> <li>• Tiny Life Breast pump loan service.</li> <li>• UNICEF support for BFI across hospital, community and Sure Start services.</li> <li>• Breastival 2017 was funded by PHA and is a very good example of joint working with voluntary and community organisations.</li> </ul> <p>Peer Support training and provision has been supported and developed in BHSCT, NHSCT, SHSCT and WHSCT. Open College Network certification for peer support training has been established and</p>	<p>Continue to commission community voluntary organisations to build capacity for breastfeeding support provision at local level.</p> <p>Develop recommendations and support Sure Starts on targeting those least likely to breastfeed.</p> <p>Continue to support development of peer support volunteers.</p>

	Number of community pharmacies engaged in delivering breastfeeding promotion and support.		<p>maintained. Over 70 breastfeeding support groups are operational across NI and promoted through <a href="http://www.breastfedbabies.org">www.breastfedbabies.org</a></p> <p>Engagement with community pharmacies.</p>	<p>Starting with members of the Pharmacy Alliance work with all Pharmacists to provide a package of support which would facilitate their involvement in promoting and supporting breastfeeding.</p> <p>To include;</p> <ul style="list-style-type: none"> <li>• access to online training</li> <li>• signposting to local support</li> <li>• membership of the Breastfeeding Welcome Here Scheme.</li> </ul>
Provide mothers of vulnerable infants with tailored information and support for breastfeeding and, where appropriate, provide donor breast milk.	Number or percentage of babies in Neonatal units who are breastfed or receive donor		Specific PHA/UNICEF publications are provided for all mothers of infants being cared for in the Neonatal Unit (NNU).	Ensure ongoing parent access to accurate and effective information on establishing and maintaining lactation for vulnerable babies.

	breast milk.		<p>PHA has worked with Neonatal Network on a Breastfeeding Quality Initiative to improve support within the NNU. Monitoring of NNU infant feeding data commenced in 2016 and overseen by Neonatal Network. The Neonatal Network / has been reporting feeding method of babies of &lt;33 weeks gestation.</p> <p>New Neonatal Infant Feeding Lead posts with the aim of leading quality improvements have been developed and funded by PHA and in place across each HSCT.</p> <p>PHA has funded enhancements to the equipment for the Human Milk Bank in order to enhance processes and access when needed for premature infants to donor milk.</p>	<p>Achieve a significant increase among all infants in the Neonatal receiving their mothers own breastmilk or donor milk.</p> <p>Support implementation of BFI Neonatal Standards to include neonatal infant feeding policies and family integrated care in NNU's</p> <p>Support a move to South West Acute Hospital (SWAH) for the human milk bank and provide support for required equipment.</p> <p>Support the regional implementation of a donor milk tracking system. Continue to monitor use of donor milk and use trends and inform progress.</p>
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<p>Monitor compliance and report violations under the WHO International Code of Marketing of Breast Milk Substitutes.</p>	<p>Records of reported violations.</p>	<p>●</p>	<p>The Regional Breastfeeding Lead reports Code concerns to the BSISG at each meeting.</p> <p>Concerns are detailed on the BSISG action plan.</p> <p>A summary guide to working within the Code has been developed and disseminated to stakeholders.</p>	<p>Continued support needed to ensure staff education is not sponsored by formula industry.</p> <p>As required staff to be reminded of their responsibility to adhere to policy at both regional and local level.</p> <p>Consider the development of a Code monitoring system, where each HSCT asked to report annually on compliance and to declare any sponsorship from the formula industry.</p>
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**Outcome 3: High quality information systems in place that underpin the development of policy and programmes, and which support strategy delivery**

Strategic Actions	Indicator	RAG Status	Progress – Actions to Date	Next Steps
<p>Collect information on Northern Ireland prevalence of breastfeeding according to maternal age, education levels, socio-economic status etc.</p>	<p>Participation in national and local surveys.</p>	<p>●</p>	<p>In 2014 the decision was made to cancel the UK Infant Feeding Survey (IFS), and no survey was carried out in 2015. The last UK IFS survey was conducted in 2010.</p> <p>In the absence of the IFS, work has been undertaken with other UK countries, to highlight current gaps in infant feeding data collection and issues with comparability in relation to definitions and data collection time points.</p> <p>Breastfeeding has been included in the Department of Health NI, Health Survey Northern Ireland.</p> <p>Factors including maternal age, deprivation status (based on Northern Ireland Multiple Deprivation Measure), geographical areas and place of birth are used to explore variation in breastfeeding rates across Northern Ireland (<b>Annex 2</b>).</p>	<p>Use available opportunities to compare NI data with UK data.</p> <p>Continue to explore infant feeding topics/issues with the NI public through the Health Survey NI.</p> <p>Ensure data collection and feeding definitions are part of midwifery and health visiting undergraduate and in- service training.</p> <p>Work with Public Health Agency Nursing leads to achieve on-going improvements to recording of feeding method by health professionals. Including the development of new PCHR guidance for health visitors.</p>

<p>Collect, monitor and report breastfeeding rates at birth, discharge, 10-14 days, 6-8 weeks, 14-16 weeks, 6 months and 12 months regionally and locally in line with PCHR contacts.</p>	<p>Annual health intelligence breastfeeding briefing reports.</p>	<p>●</p>	<p>The monitoring and indicators work strand have undertaken the following;</p> <ul style="list-style-type: none"> <li>• Informed improvements to breastfeeding data collection and collation within NIMATS and CHS.</li> <li>• Monitored and quality assured infant feeding data and reported to BSISG on progress.</li> <li>• Provided Breastfeeding Health Intelligence Briefings to inform the work of BSISG (<b>Annex 2</b>).</li> <li>• Linked with the Neonatal Network / NICORE in relation to reporting of neonatal infant feeding data e.g. proportion of babies of &lt;33 weeks gestation at birth were receiving any of their own mother's milk at discharge from a neonatal unit.</li> </ul> <p>The PHA Health Intelligence unit also collates and analyses CHS and NIMATS data to produce a regional report providing a <a href="#">Statistical profile of children's health in Northern Ireland</a> which is available online and includes breastfeeding statistics.</p>	<p>Continue to report to BSISG on infant feeding trends through updates to BSISG and Breastfeeding Health Intelligence Briefings.</p> <p>Inform the development of existing and/or new systems to capture infant feeding trends such as NIMATS and BadgerNet™ neonatal system (BNNS). Continue to use reports such as the Statistical Profile of Children's Health in NI to highlight breastfeeding trends to HSC and to the public.</p>
<p>Regularly review research information, support and commission local research, and adapt services in light of research findings.</p>	<p>Agreed prioritised research programme, including any opportunities for all Ireland research.</p>	<p>●</p>	<p>A Breastfeeding research workstrand has been established and meets regularly, members include academics, researchers, user representatives and PHA leads.</p> <p>The Doctoral Midwifery Research Society</p>	<p>Establish breastfeeding research partnerships to support joint bids for funding from National research bodies.</p>

	Evidence of service improvement based on research findings.		(DMRS) has produced a literature review on increasing breastfeeding initiation.  A research collaboration event took place in November 2017 in partnership with the DMRS and the NIPHRN. Key research partners from other UK regions will discuss areas for joint working.	
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## Outcome 4: An informed and supportive public

Strategic Actions	Indicator	RAG Status	Progress – Actions to Date	Next Steps
Develop and deliver programmes promoting breastfeeding and to facilitate change in attitudes and culture around breastfeeding.	<p>Regional/All Ireland social marketing strategy is in place.</p> <p>Social marketing campaigns.</p> <p>Public awareness and public attitudes</p>	●	<p>Breastfeeding Public Information campaign for Northern Ireland developed #NotSorryMums</p> <p>Support for breastfeeding in public through PHA Breastfeeding Welcome Here scheme which has 660 members.</p> <p>Development and implementation of a Communication Plan for breastfeeding, which includes significant use of social media to spread positive messages about breastfeeding.</p>	<p>Funding and delivery of a multi-media Breastfeeding Public Information Campaign in 2018/19.</p> <p>Focus new members of the Welcome Scheme in areas with poor coverage.</p> <p>Update and implement the Breastfeeding Communication plan.</p>
Encourage Government Departments and Statutory Bodies to depict breastfeeding as the norm.	<p>Breastfeeding policies in place.</p> <p>Evidence of positive breastfeeding messages.</p>	●	<p>Councils and NI Assembly membership of the Breastfeeding Welcome Here scheme.</p> <p>Public sector organisations signposted to written materials and a sample policy which supports employees who are combining Breastfeeding with working.</p>	<p>All councils to become members of the Breastfeeding Welcome Here scheme.</p>

## SUMMARY OF PHA INTELLIGENCE BRIEFING

### BREASTFEEDING IN NORTHERN IRELAND – OCTOBER 2016

- The Breastfeeding Strategy Implementation Steering Group (BSISG) action plan outlined a target that 80% of babies should be born in a Baby Friendly hospital by the end of 2015, with 100% by April 2016. The 100% target was achieved in July 2016.
- Breastfeeding was attempted for 56.7% of births in Northern Ireland (Northern Ireland Maternity System [NIMATS], 2015).
- Between 2004 and 2010, the rate of breastfeeding at discharge increased from 40.0% to 44.9% (an average yearly increase of 0.8%). While rates for figures for 2011 and 2012 decreased to 44.0% and 42.6% respectively, figures for 2013 and 2014p show an increase to 45.1% and 45.9% respectively (Northern Ireland Child Health System [CHS]).
- Southern HSCT/LCG has the highest breastfeeding rates at discharge (48.9%) followed by the South Eastern (48.2%), Northern (44.7%), Belfast (46.5%) and Western (40.0%) (CHS 2014p).
- CHS data on breastfeeding duration shows a drop in the number of infants receiving any breast milk from 45.8% at discharge to 35.1% at the primary visit, 26.7% at 6 weeks, 19.8% at 3 months, 8.8% at 6 months and 1.5% at 12 months (CHS 2014p).
- Mothers living in the 20% least deprived wards in Northern Ireland are around twice as likely to breastfeed as those mothers living in the 20% most deprived wards (59.6% vs 33.0%) (CHS 2014p).
- The rates of breastfeeding at discharge were highest in Lisburn and Castlereagh (57.1%) and North Down and Ards (50.2%) Council areas with the lowest rates in

Derry and Strabane (34.6%) and Causeway Coast and Glens (39.9%) (CHS 2014p).

- The rate of breastfeeding at discharge from hospital was higher among mothers resident in Non Sure Start areas (51.6%) compared to mothers resident in Sure Start Areas (37.6%) (CHS 2014p).
- Variation exists in the rate of breastfeeding at discharge from hospital recorded for Sure Start areas in Child Care Partnership areas eg in Belfast Child Care Partnership area the highest rate of breastfeeding at discharge was recorded for South Belfast Sure Start (51.7%) compared to the lowest for Saol Ur (18.8%) (CHS 2014p).
- On final discharge home from neonatal care 38.6% of infants were receiving some breast milk with 22.7% exclusively receiving breast milk (Neonatal Intensive Care Outcomes Research and Evaluation [NICORE] 2014 data).
- In Northern Ireland 33.1% (48 out of 145) of infants <33 weeks gestation with a single admission to neonatal care were receiving some human milk at discharge home (NICORE 2014 data). This compares to 60% as recorded by the National Neonatal Audit Program for England and Wales in 2014 (Wales 46%).
- In 2014/15, two thirds of adults disagreed that 'breastfeeding is embarrassing' (67%; females 62%, males 55%), an increase from 59% in 2012/13 (Health Survey Northern Ireland).
- In 2014 the decision was made to cancel the IFS, and no survey was carried out in 2015. There is variation between UK countries in the time points at which breastfeeding data is recorded / reported and in the definitions used. The Infant Feeding Survey 2010 indicated that among UK countries, Northern Ireland had the lowest breastfeeding initiation rates: 64% compared to England 83%, Scotland 74% and Wales 71%. Key findings from IFS 2010 are included.

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