

CASE STUDY

Developing a coproduced breastfeeding and infant feeding strategy

Best practice example from North Central London
Local Maternity System

October 2021

Context

Recent reports from MBRRACE-UK have shown disparities in outcomes for women from Black, Asian and Mixed ethnic groups and their babies, and for women living in the most deprived areas and their babies. In September 2021, as part of its ongoing maternity transformation work and to address these disparities, NHS England published guidance asking all Local Maternity Systems (LMSs) to:

- submit an **equity and equality analysis** (covering health outcomes, community assets and staff experience) and a **co-production plan** by 30 November 2021
- co-produce an **equity and equality action plan** by 28 February 2022

The guidance covers four main priority action areas. Priority **Action 4c: Action on perinatal mortality and morbidity** is supported by Intervention 3:

- implement an **LMS breastfeeding strategy** and continuously improve breastfeeding rates for women living in the most deprived areas

The guidance identifies a number of the positive maternal and child health outcomes that are influenced by breastfeeding, and goes on to say that:

“Every LMS should agree and implement a breastfeeding strategy to ensure that women have the information and support they need, when they need it in maternity services and in the community. The strategy should include an analysis of feeding trends across the LMS, identifying variation and inequalities between communities, along with actions to address them with a focus on the most deprived areas.”

This case study describes the work carried out by Better Breastfeeding in North Central London to support the development of an Infant Feeding Strategy and Action Plan in 2020-21. We hope it will be of particular value to LMSs about to embark on developing coproduced breastfeeding strategies as part of their local Equity and Equality action plan.

Background

In 2019 NHS England shared two pieces of draft guidance with LMSs: *Implementing the Maternity & Neonatal Commitments of the NHS Long Term Plan* and *Implementing Better Births: Postnatal Care*. Both documents set out the expectation that:

“Each LMS should agree and implement a tailored breastfeeding strategy to ensure that women have the advice information and support they need, when they need it, and ultimately improve local rates of initiation and continuation.”

In North Central London (NCL), the need for skilled breastfeeding support had already been identified as a high priority following a service-user research project. A diverse group of 15 recent maternity service users in the area had been recruited as Patient and Public Voice Partners and trained in participatory appraisal – a community action research method – and over a 5-month period engaged with parents to determine their priorities in re-shaping local maternity services.

Better Breastfeeding had also raised the issue of inequalities in the provision of breastfeeding support across the LMS area through our local representation on the NCL Maternity Voices Partnership (MVP). Having earlier produced the guide *Breastfeeding support within Maternity Transformation Plans: a guide to the guidance* in 2017, Better Breastfeeding was well placed to support the development of a coproduced breastfeeding strategy. With the endorsement of the MVP, we were commissioned by NCL LMS to project manage the development of a coproduced Infant Feeding Strategy.

The government’s Scientific Advisory Committee on Nutrition (SACN) recommends that babies exclusively breastfeed for their first six months, followed by continued breastfeeding alongside the appropriate introduction of solid foods for at least the first year of life. The LMS therefore decided that the scope of the strategy should extend beyond the postnatal period, covering all baby feeding in their first 12 months – breastfeeding, bottle feeding and healthy eating – and be termed an “infant feeding strategy”. It was also agreed that the strategy should be concurrent with the NHS Long Term Plan, covering the period until 2028, and align with its goals of preventing ill health and reducing inequalities. The LMS also recognised that increased breastfeeding rates would positively impact on priority public health goals in NCL relating to child obesity, maternal mental health, cancer and type 2 diabetes, and result in cost savings as well as reductions in carbon emissions and waste.

Developing the NCL Infant Feeding Strategy

Gap analysis and mapping tool

Building on Better Breastfeeding's *Guide to the Guidance*, we developed a detailed "mapping tool" to enable the LMS to determine which areas and services were in need of improvement and how. This was based on a detailed examination of nearly 40 separate pieces of national guidance relating to breastfeeding and infant feeding, from NICE, NHS England, Public Health England, UNICEF, Bliss, Royal Colleges and other respected sources.

The mapping tool consisted of two parts – one a detailed series of questions for each Community Infant Feeding Lead in each of the five NCL Local Authority areas, and the other a detailed series of questions for each Maternity Infant Feeding Lead in each of the four hospital Trusts in the LMS. A red, amber or green rating was given for each answer, based on a clearly defined metric contained in the mapping tool.

The community section of the mapping tool included a very wide set of questions around health visiting, Baby Friendly Initiative, breastfeeding peer support, children's centre services, Family Nurse Partnerships, Healthy Start programme, GP training and more. The maternity section included a wide set of questions about hospital trust policies beyond maternity, including neonatal, paediatrics, and support for breastfeeding mothers on adult wards. Both sections examined the degree of integration of services within and between hospitals and the community.

The mapping tool also attempted to establish baseline breastfeeding rates and other data of relevance to the strategy. Although the Public Health Outcomes Framework currently only asks for limited measures (i.e. "breastmilk at first feed" and "breastfeeding at 6–8 weeks"), national guidance highlights the importance of other measures that may not always be routinely collected, such as breastfeeding at 10–14 days and breastfeeding at points beyond 8 weeks as these are significant outcomes that affect maternal and child health. These additional data questions were included in the tool to highlight the importance of capturing this data in the future in order to determine the progress of the Infant Feeding Strategy.

Using the answers received from the community and maternity Infant Feeding Leads, Better Breastfeeding was able to produce a comprehensive gap analysis report with a detailed series of recommendations for the strategy. This was shared with the NCL Infant Feeding Strategy steering group.

Strategy steering group

The importance of coproducing the strategy with service users and incorporating women's voices and experiences was recognised from the start by NCL. These voices were represented on the strategy steering group by one of the MVP chairs with a strong interest in breastfeeding. Equally important for developing a robust and effective strategy was ensuring coproduction with all healthcare professionals, staff and volunteers who support mothers and families with baby feeding as part of their role.

This included not just midwives and health visitors, whose role in relation to infant feeding is well understood, but also GPs, paediatricians, neonatal staff, dietitians, children's centre staff, peer supporters, breastfeeding counsellors, lactation consultants and others whose influence on baby feeding may be less well appreciated but is nevertheless important. The desire to include perspectives from as many disciplines as possible had to be balanced against the need to keep the steering group at a workable size – a particular challenge considering that NCL is made up of five local authorities and four hospital trusts.

This balance was achieved by asking each member of the strategy steering group to represent their own discipline or area of work and to be responsible for gathering views from colleagues across the whole LMS. The following professional groups were represented on the steering group:

- midwives
- health visitors (including Family Nurse Partnership)
- community Infant Feeding Leads
- maternity Infant Feeding Leads
- breastfeeding peer supporters
- specialist breastfeeding supporter (IBCLCs)
- paediatricians
- neonatal staff
- GPs
- obstetricians*
- dietitians
- speech and language therapists (SLTs)
- parent-infant psychologists
- children's centre managers
- charities supporting families with multiple disadvantage

Each representative was supplied with a bespoke survey to help them gather views from colleagues across the LMS, and each organised meetings with

* Position unfilled

colleagues to consider the survey results alongside the gap analysis recommendations. Each representative then summarised and shared their conclusions with the steering group.

For the strategy to be effective, it was also essential to get the buy-in of both ICS commissioners and Local Authority public health commissioners. A representative from each Local Authority team was invited to join the steering group and the gap analysis report and recommendations shared with them. The strategy steering group therefore also included:

- NCL maternity commissioner (chair)
- Local Authority public health commissioners
- maternity transformation manager
- maternity public health lead
- maternity postnatal lead

“The comprehensive background information and comparative data provided was an invaluable foundation for our partnership work, and colleagues at every level seemed engaged and enthused by the aspirational nature of the process and its aims. Representation across boroughs and across stakeholder groups felt well thought out and ensured a wide range of viewpoints were shared; in this respect the process was useful in its own right.”

*- Hannah Leonard, Breastfeeding Network,
Peer supporters representative*

“The NCL infant feeding strategy is an important, essential and timely document underlining the commitment, evidence, expertise and resources needed to meet infant feeding goals. Being able to discuss key issues and having all our partners perspectives throughout, means that we had a bottom-up approach to developing what works for NCL and our local population.”

*– Logan Van Lessen, Consultant Midwife
Clinical Lead (NCL) Public Health
Whittington Health NHS Trust*

Coproduction with mothers and families

These voices of mothers and families were represented on the steering group by one of the MVP chairs, working closely with other MVP chairs to ensure that experiences across the LMS were shared. The recommendations and data from the NCL Patient and Public Voice Partners community research exercise was a valuable starting point (see **Background** above), but a more detailed understanding of experiences of baby feeding in particular was needed. Before March 2020, one face-to-face MVP-led baby feeding workshop was held but when Covid-19 restrictions were put in place we had to adapt plans for further workshops.

Better Breastfeeding developed a detailed online survey, including questions closely linked to the mapping tool (see **Gap analysis and mapping tool** above). The survey also included open questions to allow service users to offer in-depth feedback about their experiences of baby feeding support, from pregnancy and all the way through their baby's first year of life. Better Breastfeeding collated all this information and analysed the responses to identify the key themes and areas in need of improvement. For example, the need for a consistent and timely tongue-tie service was a theme that came up repeatedly. Others included the need for better training of healthcare professionals on breastfeeding, the need for better support on neonatal units, and the high value that was placed on home visits from breastfeeding peer supporters for those who were able to access them. This analysis was shared with the MVP chairs to use as a basis for their input into the Infant Feeding Strategy.

“The infant feeding work brought together a fantastic mix of professionals and user reps who were all able to share their thoughts. It meant that we considered everything from many angles, which resulted in a thorough and powerful set of recommendations.”

- Roz Webb, MVP Chair, Whittington Hospital

“[This] is a fantastic work-in-progress document, and I spent a lot of time smiling as I read through it. It also feels like a truly co-produced piece of work, which is fantastic.”

*- Freya El-Baz, MVP Chair, Royal Free Hospital,
(commenting on the draft strategy)*

Agreeing the Strategy and Action plan

The steering group as a whole met online on three occasions. At the first meeting Better Breastfeeding presented the gap analysis report and recommendations. Steering group representatives then met in subgroups with colleagues to consider the recommendations and results of the staff and service user surveys before providing feedback to the group at the second full meeting (as described in [Strategy steering group](#) above).

There was a strong consensus from service users and professionals alike around the sort of changes that were needed to improve breastfeeding rates and experiences of baby feeding support. This enabled Better Breastfeeding to draw up a draft Strategy and Action Plan, which included the overall vision and aims of the strategy, the outcomes that would be measured, along with a detailed timeline of actions that would need to be taken by the LMS, the Local Authorities and the Trusts in order to achieve those aims. Additional detailed work on a range of more complex questions was also recommended, including the design of a tongue-tie service, improving data collection and a career structure for breastfeeding peer supporters, counsellors and those offering specialist infant feeding support.

The strategy document also documented the substantial evidence base linking breastfeeding to preventing disease, reducing inequalities and generating cost savings.

“Being involved in the NCL strategy has helped me, as a CYP commissioner in an LA, to plan and formulate a local infant feeding strategy. It has helped me to be aware of the evidence base and what other boroughs have done, and to ensure that the strategy for my area is in line with the national and local best practice.”

– Clare Slater-Robins

*Senior Children and Young People Commissioner
London Borough of Barnet*

Reflections

The process for coproducing the strategy worked well and there was excellent engagement from members of the steering group, who were all passionate about having a positive impact through this work. The Covid-19 pandemic presented a number of challenges, particularly in relation to staff time to work on the strategy.

There were a number of lessons learned and aspects of the work that could be done more efficiently so that a strategy can be developed in a shorter time, including:

- conducting one-to-one interviews with Infant Feeding Leads to complete the mapping tool questionnaires more quickly
- starting recruitment for the steering group as early as possible in the process
- consider including additional representatives in the steering group alongside the list above, e.g. perinatal mental health services
- starting to collect service-user input as early as possible in the process so that the results can be viewed alongside the gap analysis

Gathering baseline data on breastfeeding rates was challenging as Local Authorities in particular have struggled to get good quality information on breastfeeding at 6–8 weeks. The new guidance issued by NHS England for LMSs developing Equity and Equality plans states that these should include an “analysis of feeding trends across the LMS” presumably in order to identify which parts of the LMS have lower breastfeeding rates. However, in our experience this may not be possible at this point beyond a simple breakdown of breastfeeding rates by Local Authority and Trust. A more detailed understanding of trends based on demographic information could be possible in the future when new digital standards are fully implemented.

The Equity and Equality guidance relies on the 2010 National Infant Feeding Survey data for identifying groups most and least likely to breastfeed. However, the ethnic categories used in the survey are very broad and could miss important nuance if applied at a local level. For example, the Black ethnic group in the survey likely includes groups with very high breastfeeding rates as well as groups with much lower rates. Moreover, the survey found no difference in the likelihood of exclusive breastfeeding past one week between all ethnic groups. Given the importance of exclusive breastfeeding to 6 months for preventing child obesity, alongside the fact that child obesity is significantly higher than average among children from all Black ethnic groups, it is important not to be complacent about the apparently high breastfeeding rates among Black mothers.

The 2010 National Infant Feeding Survey found that the groups least likely to breastfeed are young mothers and mothers on low incomes. The NCL strategy therefore focused on identifying families who are least likely to breastfeed, through programmes such as the Family Nurse Partnership and the Healthy Start scheme.

Improving breastfeeding support for mothers with babies on the neonatal unit was another key element of the NCL strategy, given the significant impact of breastfeeding for reducing morbidity and mortality for babies on neonatal units. Younger mothers and those experiencing deprivation are more likely to

have babies who are premature or of low birth weight, so a strong focus on neonatal breastfeeding support is particularly powerful in reducing inequalities.

Indeed, many of the health conditions that are impacted by breastfeeding are also more prevalent among families experiencing deprivation – child obesity, necrotising enterocolitis (NEC – as a result of prematurity), sudden infant death syndrome (SIDS), and type 2 diabetes. This means that improving breastfeeding rates in groups that are least likely to breastfeed is a powerful means of reducing health inequalities.

Further information

Support for Local Maternity Systems

Better Breastfeeding is able to support the development of coproduced breastfeeding and infant feeding strategies at the ICS/LMS and Local Authority level, through the use of the tools described in this case study alongside training in their use, as well as additional help with developing a tailored strategy and action plan. For more information contact Ayala Ochert ayala@betterbreastfeeding.uk

About Better Breastfeeding

Better Breastfeeding campaigns for better support, better understanding and a better environment for mothers who choose to breastfeed in the UK. We aim to highlight the need for skilled breastfeeding help for mothers and advocate for improved provision of such services. We also support a network of over 250 advocates across England who work to improve support in their local communities. We work with NHS and Local Authority commissioners to help them understand the wide array of national guidance on breastfeeding and infant feeding and offer insights into what makes a difference in practice.

Sources

Equity and equality: Guidance for local maternity systems

NHS England and NHS Improvement (September 2021)

<https://www.england.nhs.uk/wp-content/uploads/2021/09/C0734-equity-and-equality-guidance-for-local-maternity-systems.pdf>

Implementing the Maternity & Neonatal Commitments of the NHS Long Term Plan

NHS England and NHS Improvement (September 2019)

https://future.nhs.uk/gf2.ti/f/989730/56036005.1/PDF/-/LMS_LTP_Resource_Pack_FINAL.pdf

Implementing Better Births: Postnatal Care

NHS England and NHS Improvement (September 2019)

https://future.nhs.uk/gf2.ti/f/989730/57023973.1/PDF/-/191004_POSTNATAL_GUIDANCE_DRAFT_0.1.pdf

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McAndrew et al., Health and Social Care Information Centre (2012)

<https://digital.nhs.uk/data-and-information/publications/statistical/infant-feeding-survey/infant-feeding-survey-uk-2010>

Breastfeeding support within Maternity Transformation Plans: a guide to the guidance

Better Breastfeeding (October 2017)

<https://betterbreastfeeding.uk/resources/>

Feeding in the First Year of Life

Scientific Advisory Committee on Nutrition (July 2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/725530/SACN_report_on_Feeding_in_the_First_Year_of_Life.pdf