Breastfeeding

JSNA Report

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Reader information

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Several acronyms have been used throughout this document and are given below:

WHO	World Health Organisations
UNICEF	United Nations International Children's Emergency Fund
GP	General Practice
NHS	National Health Service
BME	Black and Minority Ethnic
NVQ	National Vocational Qualification
ONS	Office for National Statistics
LCR	Liverpool City Region
BFI	Baby Friendly Initiative
HCP	Healthy Child Programme
WBTi	World Breastfeeding Trends initiative
UKAMB	United Kingdom Association of Breastmilk
NICE	National Institute for Health and Care Excellence
NCT	National Childbirth Trust

Contents

1 – Importance of Breastfeeding

One of the most effective ways to ensure a mother and child's health and wellbeing is breastfeeding. Breast milk is safe, clean, free, and in the first six months of life solely provides all the nutrients needed for protection and development. The current breastfeeding recommendations produced by the World Health Organisation (WHO) suggests exclusively breastfeeding for six months after delivery. After which continue breastfeeding until the child is two years old and beyond but used in conjunction with the appropriate complementary foods and formulas [(1)].

Breastfeeding has a range of long term and short term health benefits for mother and baby as outlined in Figure 1, the benefits of breastfeeding are substantially effective across all populations. A 2019 study conducted by the WHO found that 16.8% of children who were never breastfed were obese, compared to 9.3% who were breastfed for six months or more. In those breastfed but for less than six months, 13.2% were obese [(2)]. This evidence suggests that breastfeeding for at least six months can prevent obesity. There are a number of theories behind this including: formula having higher insulin levels which simulates fat deposition, and breastfeeding leading to later introduction in solid food which may by higher in energy [(2)]. For asthma, a 2018 large scale meta-analysis (the combined result from multiple studies [(3)]) found there is an association between six months or more of breastfeeding and a 22% reduced risk of asthma [(4)].

Breastfeeding promotes bonding because of the large amount of skin-to-skin contact that is involved. Skin-to-skin contact increases the levels of oxytocin in both mother and baby. Oxytocin has positive physical and psychological effects. Oxytocin has antidepressant and anti-anxiety properties [(5)]. Studies show that increased breastfeeding rates can have impacts of many mental health issues including postnatal depression [(6)].

There is strong evidence that breastfeeding lowers the mothers' risk of breast cancer. For example, a 2017 meta-analysis which compared different female characteristic to the reduced risk of cancer after breastfeeding. They found that the reduced risk was particularly significant in younger white females. As well as this, they conducted a comparison between different classifications of breast cancer and found that breastfeeding for 6-12 months had a greater reduction impact on luminal B breast cancer, the more aggressive form [(7)].

Breastfeeding can protect against the worst effects of poverty by acting as a natural 'safety net'. The previous director of UNICEF (1980-1995), J. Grant, reported that breastfeeding reduces inequalities in early years by cancelling out the health differences between those born into poverty or affluence. Breastfeeding helps to give every child a fair start in life and compensate for the injustice of the world into which it was born [(8)].

One clear advantage of breastfeeding is it's free. Using infant formula is expensive costing between £6 and £32 per week. Vulnerable and low income families are most at risk of experiencing 'formula' poverty. The impact of which may be parents having to limit their own food intake (or that of their other children), engage in unsafe feeding practices (skipping or watering down formula or adding cereal) and going without other essentials [(9)]. However, the economic benefits stretch far beyond that of the individual families. UNICEF reported in 2014 that a moderate increase in breastfeeding throughout

England is estimated to save the NHS £50 million per year; however, the true figure is likely to be much more [10]. These savings would be attributed to the reduction in hospital admissions, reduction in GP consultations, and saving of resources [11].

"Breastfeeding is one of the most effective – and cost effective – investments nations can make in the health of their youngest members and the future health of their economies and societies," said UNICEF's executive director (2008-2018), Anthony Lake. "By failing to invest in breastfeeding, we are failing mothers and their babies – and paying a double price: in lost lives and in lost opportunity [12].

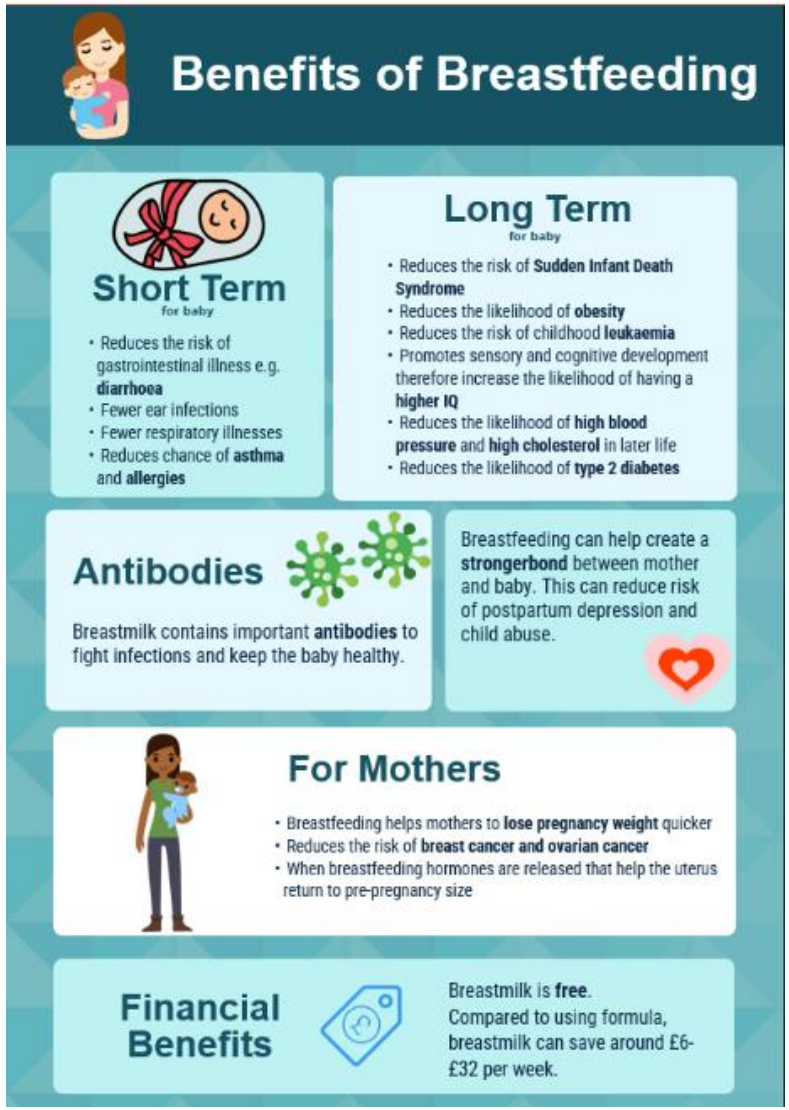


Figure 1

2 – Barriers Effecting Knowsley - Deprivation, lack of diversity, and maternal age, suggests that females within the borough on average are far less likely to initiate or continue breastfeeding.

All factors outlined above present Knowsley with key challenges. There is currently no specific demographic data within Knowsley on breastfeeding mothers for example their age, race or deprivation status. Therefore, in order to make insights into the specific barriers for Knowsley we must look at the general data that has been collected.

Firstly the 2019 English Indices of Deprivation Measure Multiple Domains of Deprivation determines that Knowsley is the second most deprived local authority in England (326 local authorities in total) [(13)].

From data collected on the percentage of deliveries to mothers of BME groups (2020/21), Knowsley is within the lowest quintile in England. At 3.6%, it is significantly lower than the North West (18%) and England (20%) [(13)].

Within Knowsley, the age at which mothers have their child is known to be younger than the national average. Since 2018, approximately 15% of births are to mothers aged 35 or over, this is far below the North West (~20%) and national (~22%) average [(13)].

Data on smoking within Knowsley shows that since 2010 there is a decreasing trend in mothers smoking at time of delivery. However, it is still significantly worse than the North West and National average [(13)].

Knowsley has significantly less residents in professional occupations and more residents with lower or no qualifications compared to the North West and national averages. There is evidence to show a correlation between education status and breastfeeding, suggesting that the lower the mothers education status the less likely she is to breastfeed [(14)].

Between 2018 and 2020, Knowsley's caesarean rates were significantly higher than the national average. However, the most recent 2021 data shows Knowsley to be in line with the national average. This suggests that the current low breastfeeding rate within Knowsley isn't predominantly attributed to an increase in caesareans in the area [(13)].

3 - Factors Influencing Breastfeeding

Breastfeeding is a highly complex behaviour that can be influenced by many individual, social and societal factors [15].

Deprivation – There is a huge volume of evidenced for deprivation affecting breastfeeding rates in the UK. The Primary Care Trust (2013) found that when comparing the most to the least deprived quintiles of the UK, there was a 21-32% reduction in breastfeeding rates. This suggests that women living in deprivation are statistically less likely to breastfeed [16].

Ethnicity – Within the UK, the highest rates for breastfeeding are among Black and Minority Ethnic (BME) mothers. This is significantly higher for both initiation of breastfeeding and maintenance [17]. The UK Infant Feeding Survey 2010 found that 96% of black mothers initiated breastfeeding compared to 79% of white mothers. At six to eight weeks, 89% of black mothers continued to breastfeed compared to 65% of white mothers [18]. Many studies have suggested this difference can be attributed to tradition cultural factors [17].

Maternal age – There is a strong association between maternal age and breastfeeding. As the maternal age increases, the likelihood of breastfeeding initiation and maintenance increases. Mothers aged 35 or over are 6% more likely to use breast milk for the babies first feed and 5% more likely to continue breastfeeding for six to eight weeks after birth than under 35's [19].

Mothers' education level – The higher the education level of the mother the more likely they are to breastfeed. This is true for both initiation and maintenance. Results from a cross sectional analysis on 19,000 births in the UK found that 87.9% of mothers with an NVQ level four or five initiated breastfeeding and 31.9 continued breastfeeding to six months or beyond. Whereas those with an NVQ level one, 51.2% initiated breastfeeding and 7.1% maintained breastfeeding to six months. This gives a huge indication of the effects of a mother's education level on breastfeeding. As well as this, in mothers to get their qualification oversees, 75.5% initiated breastfeeding and 25.8% maintained. However, this increase could be attributed to ethnicity and cultural influences [15].

Smoking – The current NHS guidance around pregnancy/ breastfeeding and smoking is to stop smoking before – or as soon as – you get pregnant in order to have a safer pregnancy and a healthier baby. However, it is advised that if you cannot quit smoking, breastfeeding should still be conducted. This is because the benefits of the breast milk outweigh the risks from smoking [20]. However, women who smoke are still less likely to breastfeed. From a sample of women who smoked previously to becoming pregnant, 17% did not breastfeed or stopped breastfeeding early in order to smoke [21].

Woman who return to work – Workplaces are advised to be as breastfeeding friendly as possible e.g., by providing specific breastfeeding rooms and more frequent breaks. A 2022 report found that women who returned to work after maternity leave are significantly more likely to stop breastfeeding early. This is particularly the case for shift workers, 91% of the sample initiated breastfeeding but only 21% continued after returning to work. Many women cannot afford to take longer maternity leave and therefore this is a huge barrier for breastfeeding rates [22].

Obstetric experience – Obstetric experience may influence breastfeeding behaviour. Maternal distress during labour has been associated with delayed initiation of breastfeeding [23]. Both planned and emergency caesareans are associated with reduced breastfeeding rates. Typically, if the mother does not have a vaginal birth there can be a delay on milk production. This can be attributed to the lack of oxytocin rush when giving birth that triggers the supply. This does not mean that breastfeeding is not possible, there may just be more issues particularly with baby's first feed. As well as this, reports suggest that mothers with planned caesareans are less likely to intend to feed after giving birth, where as those undergoing emergency caesareans intend to feed but are unable to [24].

Lack of support after COVID-19 – COVID-19 has had a significant impact on clinical practices such as breastfeeding support services for pregnant woman/ mothers. This has created a huge disruption to breastfeeding behaviours and an unprecedented decrease in breastfeeding rate. The three main ways in which COVID-19 has impacted breastfeeding are: fear of infection, initial confusion, and extreme clinical and economic constraints on healthcare systems. This has occurred due to several factors including earlier discharge from maternity wards, increased separation of mothers and babies, restrictions for partners and visitors, decreased in-hospital or community support for breastfeeding, and the increased use of breast-milk substitutes. All of these are also more likely to make a mother anxious; anxiety has also been linked to mothers producing less milk or choosing to not breastfeed [25]. However, a recent study has shown that breastfeeding can significantly lower the risk of a COVID-19 infection as well as other lower respiratory tract infections in the first year of life, with indications that these effects may last into adulthood [26].

There are many other barrier women face each day surrounding breastfeeding. Particularly involving the lack of advice, social norms, feeling of embarrassment, misconceptions, bottle feeding culture (e.g., promotion of artificial formular), and lactation problems [27]. All factors are highly related and can be consequential to each other, for example, mothers with a higher education level are more likely to have a child at an older age [28]. All factors above must be considered when analysing statistics and developing initiatives for breastfeeding promotion.

4 - The Knowsley Picture

There are two key measures for breastfeeding rates: initiation and maintenance. Initiation is also referred to as babies first feed, the definition of which was changed in 2017/18 and is now defined as the percentage of babies given breast milk as their first food intake after birth. Maintenance is the percentage of baby's whose nutrition is totally or partially provided through breastfeeding at six to eight weeks. From these two sets of data, the dropout rate can be calculated. This is an estimated percentage of babies that were initially breastfed but stopped before six to eight weeks.

4.1 – Knowsley has the lowest babies first feed rate in England

Due to the change in definition of baby's first feed, data can only be produced for 2018/19 for Knowsley, North West and England. Knowsley has the lowest babies first feed rate in England.

In Knowsley 43.6% of babies first feed is breastmilk, this is significantly lower than both the North West (62.4%) and England (67.4%) averages (see figure 2).

Before the definition change, breastfeeding initiation was defined in the UK as the percentage of mothers who give their babies breast milk in the first 48 hours after delivery. Despite the change in definition here is a common trend, Knowsley's rate is significantly lower than both the North West and England averages (see Figure 3). Between 2010/11 and 2016/17[1] there was a 10% increase in the rate of mothers choosing to initiate breastfeeding. The 2018/19 data would suggest a decrease when comparing to the data in figure 3, however, due to the change in definition it is impossible to make this comparison.

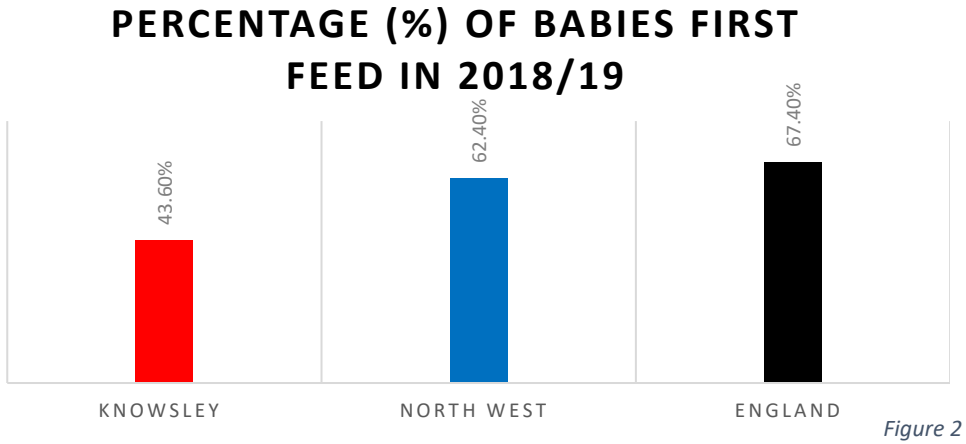


Figure 2

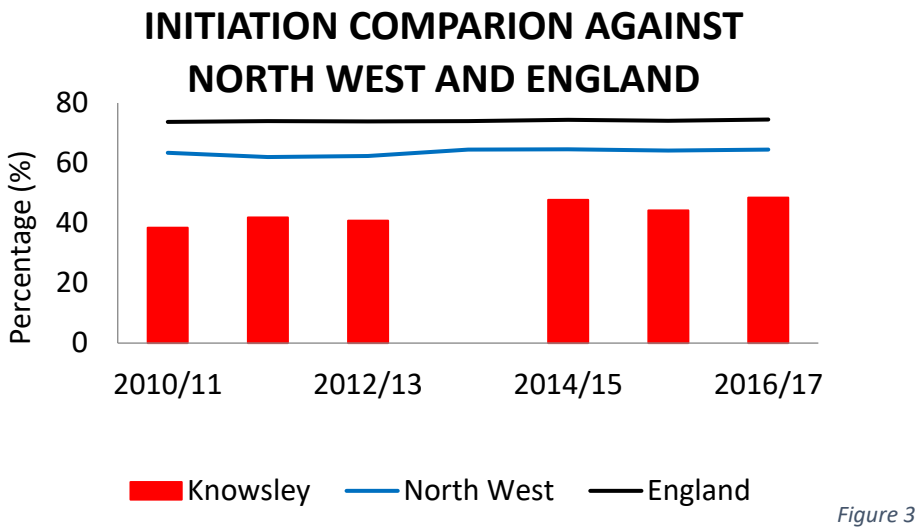
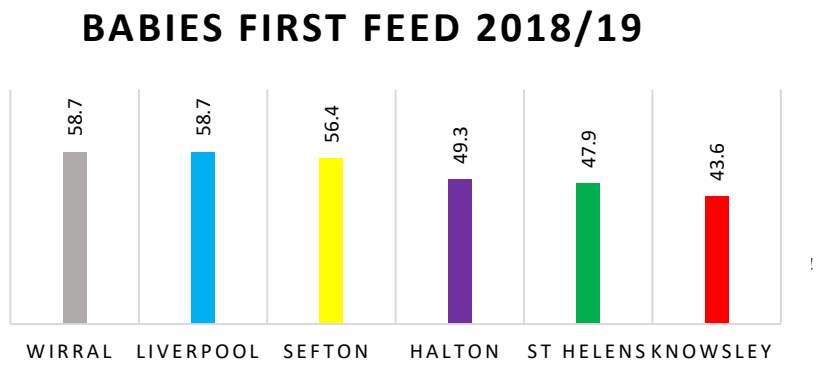


Figure 3

[1] Data for 2013/14 is unavailable for Knowsley

At 2018/19, Knowsley had the lowest proportion of mothers using breast milk as the babies first feed after delivery in the Liverpool City Region (see figure 4). This has been consistent throughout the nine year reporting period, which includes both definitions of breastfeeding initiation (see figures 4 and 5).



Conversely, Wirral and Liverpool have consistently had the highest rates in the LCR in the last four/five years. A possible explanation of this could be Liverpool's diversity rate and the Wirral's overall population being more affluent than other LCR areas. Liverpool has the highest percentage of deliveries to mothers from Black and Minority Ethnic (BME) groups (18.8% in 2020/21) in the LCR. The authority with the fewest delivery's to BME mothers in the LCR is Halton 3.4% and Knowsley with 3.6%, and both have the lowest breastfeeding rates. In 2019, publications of the indices of multiple deprivation, Knowsley had the second highest levels of deprivation nationally and was the highest in the LCR, whereas Wirral's is the second lowest in the LCR to Sefton who also have had consistently high breastfeeding rates.

Attention must be drawn however to the clear gap between all local authorities in the LCR and the nation average for babies first feed. Explanations for the national average being so much higher could be due to the higher deprivation and less diversity in the LCR as a whole. However, there is also a potential for cultural differences between the regions of England to be influencing these rates.

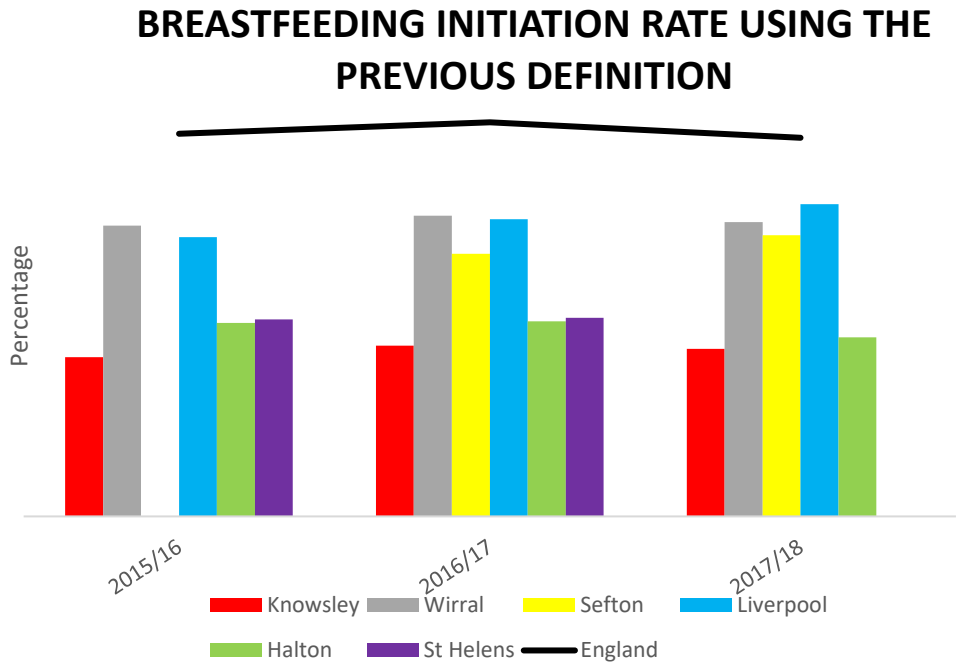


Figure 5

4.2 – Every year Knowsley has the lowest rate at six to eight weeks out of all local authorities in the LCR

Figure 6. illustrates the most recent data collected for those continuing to breastfeed between six to eight weeks. Overall there is a slight increasing trend in the amount of mothers breastfeeding at six to eight weeks in the Liverpool city region, although still falling below the national average. Between 2015 and 2020[2], every year Knowsley has the lowest rate out of all the local authorities in the area. In every one of these years, Halton is second worse, and Liverpool and Wirral are both significantly higher. Again, which may reflect the diversity and deprivation scores in these areas.

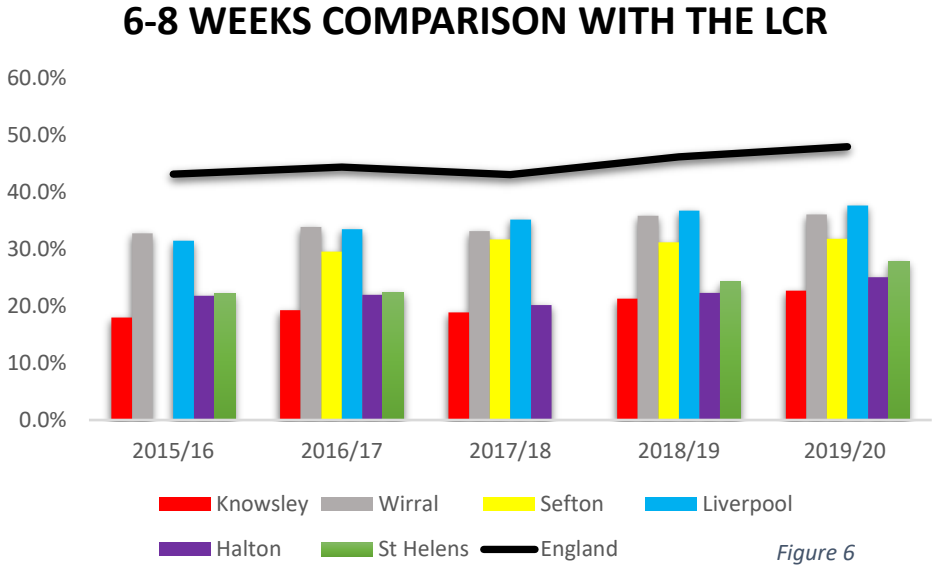


Figure 6

[2] More recent data has been published however Knowsley did not meet the data quality criteria. This is likely because of the COVID-19 pandemic and its impact on health services.

4.3 – Drop Out Rate

Figure 7. depicts the drop out rate in breastfeeding for 2018/18. This data shows that even though Knowsley has a significantly lower than average uptake rate, they only have a slightly higher than national average dropout rate. It also suggests that Knowsley has a slightly better dropout rate than the North West average. This means that, those that do begin breastfeeding within Knowsley are just as likely to stop breastfeeding before the six to eight week threshold than the rest of England. For this reason, in order to increase overall levels, an initial emphasis within Knowsley should be focused around increasing initiation feeding.

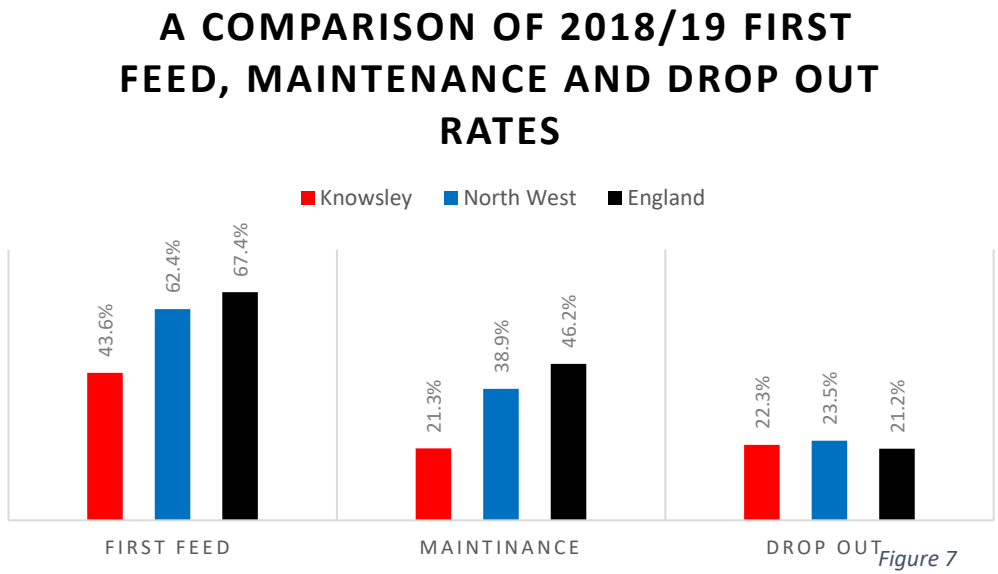


Figure 7

This is likely to be the same case for the babies first feed data. NHS digital have been contacted for when the next year of quality data is programmed for release.

5 – Global and National Drivers and Services

5.1 - UNICEF Baby Friendly Initiative

The UK Baby Friendly Initiative (BFI) is a global evidence-based accreditation programme led by UNICEF and the World Health Organization. It is designed to support breastfeeding and parent-infant relationships by working with public services to improve breastfeeding standards [(29)]. Investments in effective services to increase and sustain breastfeeding rates are likely to provide a return within a few years, possibly as little as one year [(30)]. It is within the NHS long term plan that all maternity services to provide accredited, evidence based infant feeding programmes such as the UNICEF baby friendly accreditation. Currently only 57% of babies born in England are born in 'baby friendly' accredited environments. This percentage varies greatly throughout the country [(31)]. The Knowsley figure is unknown; however, most Knowsley births take place in Whiston or the Liverpool Women's hospitals. Whiston's accreditation has currently been suspended. The Liverpool Women's hospital has an overdue re-assessment needed. Therefore, currently neither provide baby friendly accredited service [(32)].

5.2 - The Healthy Child Programme (HCP)

The Health Child Programme works on three different levels: individual and family, community, and population. On the individual and family level, it works with maternity services to support with breastfeeding and responsive feeding for all parents. They also aim to educate women and mothers on infant feeding, benefits of breastfeeding, risks to not breastfeeding, and initiation and maintenance. On the community level, the HCP helps to establish peer support groups for breastfeeding mothers. At population level, the HCP ensures a whole system approach to promoting breastfeeding by implementing the UNICEF Baby Friendly Standards. Public health services are asked to measure HCP outcomes by evaluating the initiation and maintenance breastfeeding rates, as well as evaluating data on the prevalence within those least likely to breastfeed e.g. young white mothers living in deprivation [(33)].

5.3 – National Institute for Health and Care Excellence

The NICE guidance focuses round the use of an evaluated and structured programme coordinated across the different sectors, including hospitals, primary, community, and children's centres. At a minimum, this programme should be using the UNICEF Baby Friendly Initiative. However, providers can implement a locally developed programme which is evidence-based, structured, undergone external evaluation. The breastfeeding outcomes should be monitored across all services [(34)].

It provides a list of recommendations for who should be taking action e.g. health visitors, GPs, commissioners, and what action they should be taking show all mothers how to hand express milk and advice on storage of milk [(35)].

As well as this, it suggests that all people (employee and volunteer) involved in delivering the breastfeeding support should receive the appropriate training and undergo competency assessments for their role [(34)].

5.4 – Working Together to Improve Breastfeeding in the UK (WBTi – World Breastfeeding Trends initiative)

WBTi produces a report to assist organisations in targeting resources more effectively. It focuses on 10 key indicators derived from the WHO Global Strategy for Infant and Young Child Feeding and are as follows [36]:

1. National Policy, Programme, and Coordination
2. Baby Friendly Initiative
3. Implementation of the International Code of Marketing of Breast milk Substitutes
4. Maternity Protection in the Workplace
5. Health and Nutrition Care System
6. Mother Support and Community Outreach
7. Information support
8. Infant feeding and HIV
9. Infant feeding during emergencies
10. Mechanism of monitoring and evaluating systems

These allow for five indicators of practice as an assessment tool:

1. Percentage of babies breastfed within one hour of birth
2. Percentage of babies 0-6 months of age exclusively breastfed in the last 24 hours
3. Median duration of breastfeeding in months
4. Percentage of breastfed babies less than six months old receiving other foods and drinks from bottles
5. Percentage of breastfed babies receiving complementary foods at six to nine months of age

5.5 - The Global Breastfeeding Collective

The Global Breastfeeding Collective is a partnership of international agencies, policymakers, philanthropists. It aims to see a world where all mothers have the financial, emotional, technical and public support they need to breastfeed within one hour of delivery, exclusively breastfeed for six months and continue to at least two years with complementary foods. The Policy actions are outlined in figure 8. [37]

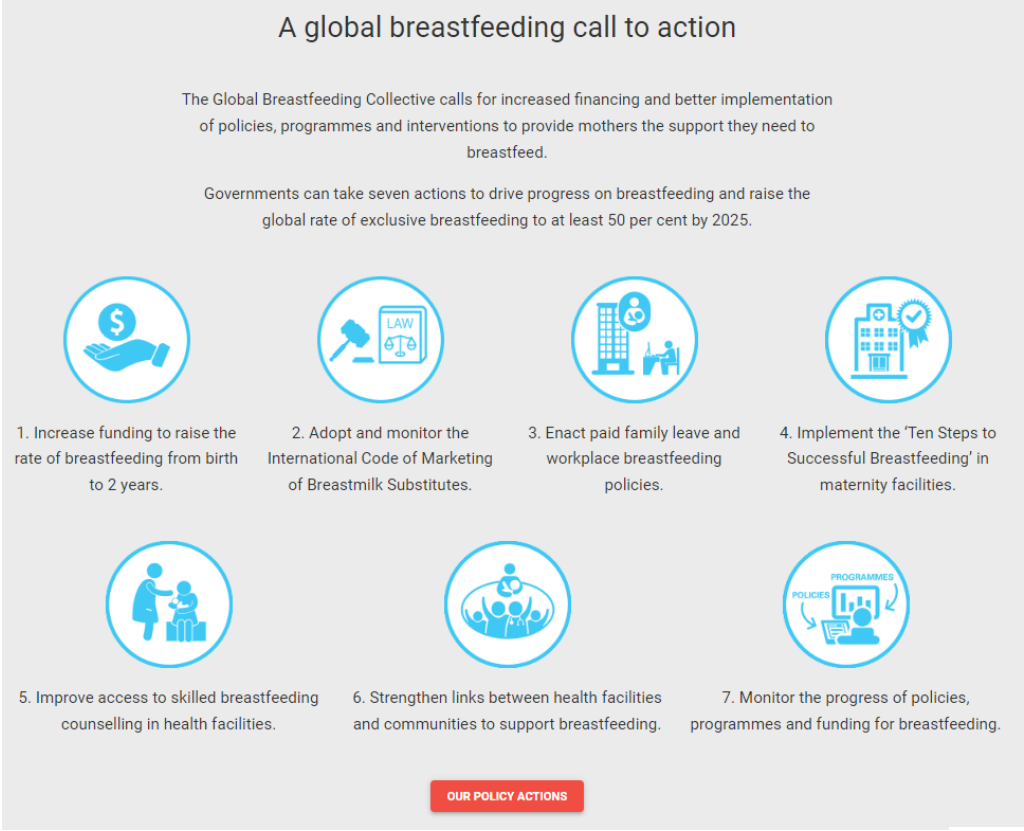


Figure 8

5.6 - UK Association of Milk Banks (UKAMB)

A milk bank, also known as a lacterium, collects, screens and processes milk donated by nursing mothers and dispenses it to babies that do not have access to breast milk e.g. premature babies or babies to mothers that struggle with lactation. UKAMB supports non-profit milk banks through:

- Practical support – for neonatal units, donators and the community
- National advocacy – representing milk banks at a wide range of conferences and parliamentary working groups
- Education – appropriately training staff to ensure safety as well as the public on the benefits of milk banks
- Research – supporting a wide range of ethical research surrounding breastfeeding
- Guidelines – alongside NICE, creating a set of guidelines for safe operation
- Funds – provides the NHS with one of the most cost effective interventions [38].

5.7 - Post Covid-19

UNICEF baby friendly initiative have consolidated a report on the research into the impact of COVID-19 on breastfeeding and its drivers. Key findings:

- Women who gave birth during the pandemic experienced restricted access to postnatal care with limited access to support
- Innovative and adaptable lactation care needed, both in person and digitally, for mothers in potential future pandemic or outbreaks
- Inappropriate marketing of breast milk substitutes emerged where companies capitalised on COVID-19 related fear, using misinformation on breastfeeding [39].

COVID-19 has also highlighted huge health inequalities throughout the country. During the lockdowns, some families were put it challenging circumstances. Evidence shows already vulnerable families suffered the worst social and financial consequences. There were also huge changes to healthcare including remote midwife consolations, lone antenatal consultations, and restricted partner visitation in hospital, all of which can have huge impacts on the mother's behaviour and subsequently breastfeeding choices. However, some mothers, who may for example have had less complications or anxieties, benefitted from COVID-19 and the prolonged time at home with more opportunities for responsive breastfeeding [40].

The Breastfeeding Network have provided a dedicated page to all COVID-19 related information. It addresses issues such as breastfeeding whilst infected, vaccinations, donations/ breast milk banks, and support. It also provides links to digital support services such as The National Breastfeeding Helpline, La Leche League, and NCT (New Parent Support) [41].

6 – Local Drivers and Support Services

6.1 - Wirral Community Health And Care Trust And Everyone Health

To support mothers who wish to breastfeed in Knowsley the Council commissions two key services. Wirral Community Health and Care NHS Foundation Trust (WCHCT) are currently commissioned to deliver Knowsley's 0-25 Health and Wellbeing Service. An Infant Feeding Team is included as part of this service. The service is intended to support mums in Knowsley who may wish to breastfeed, providing advice and guidance from antenatal stage up until 3 weeks after birth. They offer an initial home visit to mums following discharge from hospital alongside telephone support. The breastfeeding support workers in the service are also trained to identify more complex infant feeding needs, such as tongue-tie, and appropriate treatment available where needed. Mothers who wish to continue to breastfeed and require further support 3 weeks post-delivery are referred from the service into Knowsley's Breastfeeding Peer Support Service.

Knowsley council commissions Everyone Health to deliver the Breastfeeding Peer Support Service as part of the wider 0-25 service. Known locally as the Breastfeeding Buddy Peer Support Programme, the service aims to empower women to breastfeed, raise awareness of the benefits within the community, and provide support to encourage continuation of breastfeeding. Wirral CHCT and Everyone Health have worked together to develop strong working relationships and a robust referral pathway (Figure 9) to ensure that any mums who require further support to breastfeed are referred onto the Breastfeeding Buddy and Peer Support Programme.

There are two pathways into the programme, at antenatal, to promote and educate around breastfeeding to pregnant mothers, and at postnatal, to support mothers who wish to breastfeed post-delivery and may need information, help and guidance with concerns such as latching. The service provides behavioural insights through the use of a COM-B assessment before and after support is provided. The programme uses a "buddy" system where mums and mums to be, are paired with a trained peer support volunteer, who they can contact and at any time of need. Mums and families are offered virtual and face to face support and this can include group-based support or one-one support. The programme also promotes the use of two apps that mothers can join for peer support chats or to access educational material 24/7. (42)

Professionals actively working in Knowsley have given insights into the major barriers affecting breastfeeding. One of the main areas identified was the lack of knowledge and understanding surrounding breastfeeding. For example, informing mothers that cluster feeding at around three to four months, where the baby wants to feed more frequently, is completely normal and nothing to be concerned about.

There has been a particular increase in antenatal referrals which are vital for the early education and promotion of breastfeeding. Feedback from service users is currently being collected and will be available in due course.

Breastfeeding Support Worker Pathway

Pregnancy notification received, maternal health record created by Admin Team and placed into Breastfeeding 24+ week contact box on System One with an EDD recorded.

|

(24-28 weeks) introductory infant feeding phone call from Knowsley Breastfeeding Support Workers and invite to virtual antenatal feeding offer from Everyone Health – (details TBC)

|

Breastfeeding Support Worker documents infant feeding contact on maternal record/indication of further a/n support required

|

Yes — Liaise with MW/HV

No — Await birth allocation

|

Discharge notification received from hospital. If breastfeeding or mixed feeding they are added to Breastfeeding Allocation Pot by Admin Team

|

Breastfeeding Support Worker to telephone within 2 working days of notification of discharge

|

Breastfeeding Support Worker home visit (within 2 working days of notification of discharge)

|

Telephone contact 7 days from home visit – then support tailored to family, additional visit/phone contacts if required

|

Handover at 3 weeks to Everyone Health via referral form with consent from Breastfeeding Mother – encourage attendance at Breastfeeding Support groups (virtual or face to face)

|

Community buddy pathway

|

Referral to Everyone Health Knowsley support service from

|

BF Support Worker | Midwife/Hospital | Health Visitor | Other support providers | Self-referral

Referral to Clinical Contact Centre (CCC) via:
Email (referral form) clinical.contactcentre@nhs.net or
Telephone 0333 005 0095

|

Offer of virtual antenatal Feeding Peer Support Group

|

Within 48 hours of referral - initial telephone appointment to triage

|

Allocated a suitable peer supporter, using assessment tool to identify needs

|

Weekly telephone/virtual support up to 8 weeks postnatal with reporting back to Infant Feeding Team feeding status at 6-8 weeks

|

Offer of virtual and face to face Breastfeeding Peer Support Groups

|

Service satisfaction evaluation form completed (telephone/virtual/survey monkey)

Figure 9

6.2 - UNICEF Baby Friendly Initiative - Local

In March 2021, Knowsley was awarded full Baby Friendly Initiative re-accreditation by UNICEF. The accreditation is based on a set of evidence based standards for maternity, health visits, neonatal, and children's centre services. This is designed to provide mothers within Knowsley with the best possible care and support needed to optimise health and development [(44)].

6.3 - Best Start in Life

In April 2022, Knowsley was awarded a share of the £302 million Best Start for Life Fund. This fund aims to improve access to targeted and specialist services to support children and families throughout pregnancy and the first five years of the child's life. One use of this fund is the creation of family hubs [(45)].

6.4 - Family Hubs

Family hubs are one stop shops for all support networks, including services such as breastfeeding support, parenting programmes, and parent-infant relationship support. The main focus is around prevention, early intervention, and integrated support networks. These family hubs are currently being shaped and developed locally, they will aim to improve the health outcomes of children and families within Knowsley [(46)].

6.5 – Bosom Buddies

Bosom buddies is made up of health care professionals and mums from the local community that have breastfed and want to help others do so too. They offer support throughout pregnancy and will conduct home visits within 48 hours of giving birth. They work closely in partnership with maternity and postnatal services such as Whiston, Ormskirk, and Liverpool Women's hospitals. They also hold weekly support groups throughout Knowsley in five different locations such as Huyton and Halewood [(47)].

7 – Evidence of What Works

7.1 - Multifaced approach

Evidence indicates that when a multifaced approach is used, the biggest improvements in breastfeeding rates can be seen. This approach takes into account the parents whole pregnancy journey into need parenthood. For example, sensitive conversations during pregnancy, skilled support in the post-birth period, social support and ongoing guidance. These are all needed to aid a mother to feel confident and successfully breastfeed for as long as they wish. In addition, the wider community needs to support and welcome breastfeeding, such as in public spaces, in the media and in workplaces [(48)].

7.2 - Incentive schemes

Multiple studies have been conducted onto the use of incentives to increase breastfeeding initiation and maintenance. These schemes give money, vouches or gifts to mothers who breastfeed for a certain time period as an incentive to keep going [(49)]. Knowsley piloted an incentive scheme in 2019, however, unfortunately there were no outcomes reported from this and the scheme came to an end.

There are many criticisms of incentive schemes, the majority of which relate to fairness. If the incentives are offered universally, this could further increase inequalities as the wealthier people are more likely to breastfeed anyway. However, if they are only offered to a specific group, a fair assessment of needs will need to be established [(49)].

7.3 – Breastfeeding Support

There is an extensive amount of evidence for the effectiveness of support programmes for breastfeeding, a key component of which is the UNICEF Baby Friendly Initiative accreditation. Other effective support programmes include postnatal home visits, breastfeeding centres and peer support group sessions [(50)].

A 2021 meta-analysis on the impact of the Baby Friendly Initiative accreditation found that the accreditation improved initiation and maintenance breastfeeding rates especially in low-income communities [(50)].

7.4 – Education and Counselling

A meta-analysis of 195 journals was conducted by Sinha et al., on the interventions to improve breastfeeding rates. It found that overall education and counselling when used together has the greatest impact on improving breastfeeding initiation. When a combined intervention of education and counselling was used in both the home and community setting there was an 85% increase in breastfeeding rates. Larger studies also showed a greater impact of education and counselling in more deprived areas than in wealthier areas. The conclusion of the meta-analysis was that a multidimensional approach is best when implementing breastfeeding interventions; counselling by peers or health professionals, baby friendly hospital support, and community mobilization approach are the key interventions to promote optimal breastfeeding practices [(51)].

7.5 - Breastfeeding cafes

Breastfeeding cafes also known as baby cafes, are drop in sessions for free advice or support funded by the NHS. They are run by health professionals with the help of volunteer peer support. They are self-enrolled, there is no referral pathway, and are available to pregnant mothers as well as new mothers and fathers. Breastfeeding pathways are in a relaxed, unhurried atmosphere and provide a range of support including deciding how to feed your baby, meeting other new mothers, breastfeeding in public, returning to work, expressing, weaning, and introducing solids [52].

Research on the effectiveness of breastfeeding cafes is positive, particularly on the infants feeding journey, elongating the duration of breastfeeding, and improving the overall experience. The main benefit of the cafes is the social aspect and the ability to share experiences with other breastfeeding mothers. The group environment helps to normalise breastfeeding, especially in public spaces [53].

However, when critically analysing this intervention, it must be noted that these cafes tend to attract older mothers, who are more advantaged and often have a stronger commitment/ motivation to breastfeeding anyway. Conversely mothers who lack the motivation or commitment to breastfeed are more likely to stop breastfeeding and not seek a support group in the first place. For younger, less advantages or anxious mothers, group environments could be daunting/ intimidating and therefore cafes may not appeal to these groups. For this reason, breastfeeding cafes need to be promoted effectively and become integrated within the local health and social care systems [53].

7.6 - Social campaigns

Social campaign is a coordinated marketing effort to assist with meeting a goal via social media use. A systematic analysis was conducted into the effectiveness of social campaigns for breastfeeding on Instagram. Instagram is a social media platform mainly used by the younger generation and therefore the generation statistically less likely to breastfeed. These Instagram communities acted as social support networks for new mothers where women could share experiences and as well as 'normalise' breastfeeding [54]. There were also many instances where women expressed the difficulties they have experienced with breastfeeding, these were constantly met with empathy, motivational statements, advice, and recommendations. This use of social campaigns could act as a new form of support group, engaging with a wider audience within the digital generation [55].

7.7 - Father Support

The influence of the father can play a huge role in the decision to breastfeed or not, however, the father is often not considered in breastfeeding interventions. For this reason, a number of studies have focused on targeting fathers for breastfeeding promotion and from this a meta-analysis has been conducted. Father interventions include face-to-face discussions, presentations, use of model demonstrations, and media campaigns. When fathers were included in the intervention, breastfeeding exclusively for six months was twice as likely to take place [56].

7.8 - North Manchester's Initiative

In North Manchester, the demand for breastfeeding support services was far beyond their ability, with only two specialist health visitors for whole of Manchester. In 2018 funding was provided by CCGs which allowed the council to create a network of breastfeeding support for new mothers and expand their infant feeding support service. This funding allowed for seven infant feeding health visitors, four specialist health visitors, and a on hand community paediatric dietitian to be employed. These health visitors work alongside general health visitors and health centres. This allows women to receive advice quickly, one on one or in support groups which covers all areas including a poor latch to mastitis. If a mother has more complex needs e.g. allergies or an unidentified cleft, they can be referred to a specialist or the paediatric dietitian [(57)].

When this expansion was initiated, there was an increase of 6,000 more infant feeding support services. When mothers were asked to comment on their experience of this new service, they reported it was an "amazing service", "no longer felt like a complete failure", "amazing, shared experiences", "no pressure" and "it wasn't easy, but the support made it possible". The main unique and beneficial part of this service is the seamless referral pathway and integrated delivery. This allowed women to have rapid access to support where they previously couldn't.

In order to sustain this uptake of women to infant feeding support, North Manchester are aiming to be more proactive, offering universal breastfeeding support for all women, not just those experiencing difficulties. As well as this Manchester is looking at rolling out the initiative city wide [(57)].

8 – Challenges for Health Services and Society

Health Services	**Society**
Lack of appropriate training for all staff, leading to lack of knowledge, skill and confidence	Formula feeding has become a socio-cultural norm
Breastfeeding promotion isn't a priority particularly post COVID-19	Misleading marketing of infant formula
Overreliance on individual champions and volunteer groups	The association of female breasts and sexuality which can lead to embarrassment around the subject
Breastfeeding support services are often short term initiatives rather than embedded in mainstream services	Lack of support for breastfeeding in the workplace
A lack of insight as to why mothers are not breastfeeding	

In March 2020, Director of the Institute of Health Visiting, Alison Morton expressed her concern for the shortage of health visitors (approximately 5,000 nationwide) and the huge backlog of appointments. There is a worry that some areas are struggling more than others creating a postcode lottery effect for health visiting support. Morton also highlighted how the COVID-19 pandemic has made these challenging situations worse [(58)].

A journal published by the Institute of Health Visiting indicates that the impact of the COVID-19 pandemic disproportionately impacted disadvantaged families, which in turn increased the demand for health visiting support. National policy decision along with the redeployment of some health visitors to other services that were deemed a priority at the time compromised health visitors' ability to respond to the increased demand by families. Overall this highlights a need to prioritise health visitors to overcome the impacts of the pandemic and protect the service from future emergencies [(59)].

9 – Perspective from Public and Staff

Due to resources issues, only a small number of mothers in limited areas views were captured.

"I wasn't referred automatically to Bosom Buddies because I gave birth in Ormskirk, so I contacted them myself and they were a lot of help"

Knowsley Mother

"Mothers don't know what's for the best surrounding COVID, they are constantly being told different things"

Community group worker

"I had a home birth under the Women's" … "I found breastfeeding hard but Bosom Buddies referred me to the infant feeding teams which was a really good service" … "it was nice to meet likeminded mums"

Knowsley Mother

"We identify the main barriers to be Knowledge and understanding" … "e.g. Misunderstanding around cluster feeding" … "learning they are doing nothing wrong is key" … "knowledge could be a cultural cycle"

Breastfeeding Support workers

"my child was born premature, but I received no breastfeeding support" …"my GP dismissed tongue tied, but I contacted Bosom Buddies who were amazing, they helped me initiate breastfeeding later on"

Knowsley Mother

"I had a very positive experience, lots of help was in place"

Knowsley Mother

"I only managed to breastfeed for 2 weeks, the lack of support stopped me from continuing" … "the main issue was I was struggling with the latch" … "there was no pre-birth support, because of COVID it was all online videos" … "pre-birth support groups would be really useful"

Knowsley Mother

"one of the main issues is the cultural norms and myths" … "general feeling that breastfeeding is 'gross'" … "other trends include workplaces struggling to support breastfeeding and some local support groups don't operate over the holidays"

Volunteer working with new mums

"I got all the support I needed, particularly having Bosom Buddies, I just didn't feel comfortable breastfeeding in public"

Knowsley Mother

"My work within a school does not accommodate breastfeeding, not giving time to express, a private room… I tried to reduce hours or go part time after maternity leave, however, this was not available"

Knowsley Mother

Another mother in Knowsley was breastfeeding in a local shop and received abuse, with one person saying it was "disgusting".

Knowsley Mother

"There is a general lack of support after midwife, their baby is nearly two and is still yet to see a single health visitor"

Knowsley Mother

"The day I gave birth bosom buddies weren't in that day so I never saw them"

Knowsley Mother

Whiston "When I gave birth, they were very short staffed and had no stock for things like nipple cream… There were delays on health visitor and foot prick test happened 4 days late."

Knowsley Mother

Infant feeding volunteer insight:

Insight was also gathered from a small number of current infant feeding team volunteers for their perspective on barriers and the community needs to improve breastfeeding.

Pre-birth classes are needed and wanted, as well as one to one help	The misconception that as breastfeeding is easy and without its challenges, natural does not equal easy.	Hereditary, parenting cycle, their mothers didn't so they don't.	Sexualisation of the breast – this is particularly a barrier for young mothers – young mothers chose to not breastfeed as they think it will change the shape of their breasts and they will not look as nice afterwards
The support is better now but the social norm is still a barrier	It is important for the mother and child to have both digital and in person help – digital help can be very isolating and poor for the mother's mental help; it is good to encourage the mothers to mix	Generally, people don't hear about breastfeeding enough or see it enough in public, not normalised	Men need to get on board, getting more knowledgeable about breastfeeding – e.g. when a mother struggles often the man jumps straight to bottle feeding rather than helping the mother with breastfeeding
Previously there was a lack of support for breastfeeding so the drop in rates created a gap in social acceptance	Education is a massive barrier – people need to know why it is important and know what to expect	Bottle feeding is so normalised from a young age, e.g. barbie and other dolls all come with a bottle	Breastfeeding can cause overstimulation, people constantly touching you can be very overwhelming, it would be really helpful to devise some coping mechanisms for this
Volunteer has contacted local cafes etc. regarding putting signs up saying the premises was breastfeeding friendly, however, no one got back to her	Children and young people are not taught it in school so there is a general lack of exposure. It should be treated as a life skill.	When the child gets teeth, this can become a huge challenge	Girls from a young age are taught to cover up and hide their breasts so then breastfeeding in public can be quite uncomfortable

10 - Recommendations

1	Targeted insight into Knowsley's specific barriers
2	Ward level data to identify specific areas of need
3	Reporting of data in more recent years for breastfeeding initiation
4	Contact North Manchester for insight into their methods and outcomes
5	Contact LCR for what they do e.g. how Liverpool and Wirral have consistently been highest
6	Investigate early intervention of changing the cultural norm by delivering classes within schools on the benefits of breastfeeding

11 – Summary

Breast milk is safe, clean, free, and in the first six months of life solely provides all the nutrients needed for protection and development. The current breastfeeding recommendations produced by the World Health Organisation (WHO) suggests exclusively breastfeeding for six months after delivery. After which continue breastfeeding until the child is two years old and beyond but used in conjunction with the appropriate complementary foods and formulas [(1)]. Breastfeeding has a range of long term and short term health benefits for mother and baby. For the mother these include reducing the risk of breast and ovarian cancer and helps to lose pregnancy weight. For the baby this includes reducing gastrointestinal illness, reducing risk of SIDS and leukaemia, reduces likelihood of obesity and contains the antibodies needed to fight infection [(8)]. The economic benefits stretch far beyond that of the immediate user. UNICEF reported in 2014 that a moderate increase in breastfeeding throughout England is estimated to save the NHS £50 million per year, however, the true figure is likely to be much more [(10)]. These savings would be attributed to the reduction in hospital admissions, reduction in GP consultations, and saving of resources [(11)].

There are two measures for breastfeeding, initiation and maintenance. Initiation, also referred to as babies first feed, is the percentage of babies given breast milk as their first food intake after birth. In 2018/19, Knowsley's breastfeeding initiation rate was 43.6% which is the lowest of the Liverpool City Region and significantly less than the England (67.4%) average. Maintenance is the percentage of baby's whose nutrition is totally or partially provided through breastfeeding at six to eight weeks. In 2019/20, Knowsley's breastfeeding maintenance rate again the lowest of the Liverpool City Region and significantly less than the England average. Factors that can affect breastfeeding rates are deprivation, ethnicity, maternal age, education level, smoking, obstetric experience, lack of support, work patterns, and much more.

There are a range of different drivers for breastfeeding, ranging from global initiatives to local authority programmes. These offer a variety of different services including education, milk banks, and support groups.

There are clear health and economic advantages for both parents and babies when babies are breastfed for the first six months of their lives (and beyond). Our ambition for Knowsley is a place where mums, parents and families are able thrive, by ensuring that parents are able to make informed decisions about breastfeeding, to access help when they need it and to become confident in their choices.

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