

**East Riding of Yorkshire  
Infant Feeding Strategy**

**2017 - 2020**

## **1. Foreword**

The former East Riding of Yorkshire Primary Care NHS Trust (replaced to a large extent by East Riding of Yorkshire CCG) originally developed a Breast Feeding Strategy in 2007, in consultation with partner organisations and stakeholders. The re-structuring of National Health Services in 2013, and changes to arrangements for commissioning the Healthy Child Programme, makes the production of a new strategy a timely activity.

This document is a joint strategy developed by the multi-agency East Riding Infant Feeding Strategy Group, under the leadership of the Director of Public Health. Partners are detailed in section 10 below.

## **2. Executive Summary**

Breastfeeding has a key role to play in improving the health of adults and children and reducing inequalities. It protects the health of babies and mothers, and reduces the child's susceptibility to infection. Breastfeeding can make a major contribution to an infant's health and development, especially if sustained exclusively for the first six months of life. It is associated with better health outcomes for the mother and is particularly important for mothers from low income groups, who are known to be less likely to breastfeed.

Rates of breastfeeding in the UK are among the lowest in Europe.

Breastfeeding rates at initiation and at 6-8 weeks in East Riding of Yorkshire are lower than the national average though higher than the Yorkshire and Humber average. Also analysis has shown that there are significant differences between those living in the most and least deprived areas of the county.

Reasons for not breastfeeding are multifaceted and include the influence of society and cultural norms as well as clinical problems, and the organisation of health services preventing health professionals and others from supporting breastfeeding effectively. To improve breastfeeding rates a sustainable coordinated approach is needed with effective partnership working between statutory, voluntary and community services.

This strategy seeks to deliver:

- Increased rates of breastfeeding from birth, and maintenance of breastfeeding for longer
- Timely provision of information and support to assist all parents to:
  - Make an informed decision on infant feeding method
  - Have a successful infant feeding experience, whether they breastfeed or formula feed their infant
  - Develop a close relationship with their baby
- An efficient and effective collaborative model of working which is responsive to local need
- Development of a local culture which supports breastfeeding

## **3. Vision**

Our vision for East Riding of Yorkshire is to create a culture where breastfeeding is seen as the norm and recognised as improving health and reducing health inequalities: and where agencies work collaboratively to ensure that:

- Every family is fully aware of the benefits of breastfeeding and therefore able to make an informed decision about how to feed their baby
- Every family is able to access the information, support and help they need in hospital and community settings from appropriate publicly funded and voluntary services.

#### 4. Background

All services supporting pregnant women and new parents in East Riding of Yorkshire with infant feeding have achieved or are working towards accreditation through the UNICEF UK Baby Friendly Initiative. The UNICEF UK Baby Friendly Initiative (BFI) is an externally evaluated quality standard for services caring for pregnant women and new parents and babies, and is identified as the minimum standard in NICE guidance on antenatal and postnatal care.

Informed choice in pregnancy - the BFI standards incorporate conversations with pregnant women to enable them to make an informed decision on how they will feed their baby. If women are equipped with information to make this decision and then given support for their chosen feeding method in the postnatal period, they will have a better feeding experience.

Breastfeeding - Research evidence points to the health benefits of breastfeeding including reductions in childhood infections, for example gastro-enteritis<sup>1</sup>, upper respiratory tract infections<sup>2</sup>, and reduced risk of development of disease for both mother, such as breast cancer and baby, for example diabetes.

Breastfeeding has been found to generally have a small but consistent effect on reducing the risk of obesity in later life, with a dose response effect indicating that every month of breastfeeding has a 4% decrease in risk.<sup>3</sup> Also infants who are bottle-fed in early infancy are more likely to empty the bottle or cup in late infancy than those who are fed directly at the breast. Therefore, bottle-feeding, whether of infant formula or expressed breastmilk, is distinct from feeding at the breast in its effect on infants' self-regulation of milk intake.<sup>4</sup>

Extra support both lay and professional has been identified as leading to increased duration of partial and exclusive breastfeeding, and it is recommended that support is more effective if it is face to face and proactively offered.<sup>5</sup> NICE guidance recommends an offer of contact for support within 48 hours of discharge from hospital.

<sup>1</sup> [Ladomenou F, Moschandreas J, Kafatos A, et al. 2010. Protective effect of exclusive breastfeeding against infections during infancy: a prospective study. Arch. Dis. Child. 27 September 2010, 10.1136/adc.2009.16](#)

<sup>2</sup> [Galton Bachrach VR et al \(2003\). Breastfeeding and the risk of hospitalisation for respiratory disease in infancy. A meta-analysis. Arch Pediatr Adolesc Med 157:237-243](#)

<sup>3</sup> [Harder T, Bergman R, Kallischnigg G et al \(2005\) Duration of breastfeeding and risk of overweight: a meta-analysis. American Journal of Epidemiology; 162:397-403.](#)

<sup>4</sup> [Li R, Fein SB, and Grummer-Strawn LM \(2010\) Do Infants Fed From Bottles Lack Self-regulation of Milk Intake Compared With Directly Breastfed Infants? Pediatrics 10 May 2010](#)

<sup>5</sup> Support for healthy mothers with healthy term babies – Mary J Renfrew, Felicia M McCormick, Angela Wade, Beverley Quinn, Theresa Dowswell; Cochrane Pregnancy and Childbirth Group (May 2012)

Through implementation of the BFI standards, all parents are given information and support to develop a close and loving relationship with their baby. For mothers who choose to formula-feed this will include offering skin to skin contact, keeping baby close, feeding responsively and learning to understand baby's needs.

Babies given early skin-to-skin contact cry less and interact more with their mothers; mothers' oxytocin levels also increase leading to enhanced parenting behaviours):

"providing an environment where parents can be supported to build secure attachments with their child at an early age will help to develop a confident child with the emotional ability to regulate their cortisol levels and cope with stress" <sup>6</sup>

## **5. The local context**

### **5.1 Local breastfeeding statistics**

Breastfeeding rates in East Riding of Yorkshire are consistently above the regional average but below the national average, and as with smoking at time of delivery vary across the different local areas. The health improvement potential from increased breastfeeding is greatest in areas of deprivation where health outcomes are poor.

43% of East Riding of Yorkshire babies were breastfed at 6-8 weeks, with a range across Health Visiting teams from 24.2% to 62.5%, and across East Riding of Yorkshire Council's Children's Centre areas from 26% - 66%, (at quarter 3, 2015 - 2016).

In line with national and regional trends, initiation rates rose steadily to 2011/12, but have shown a slight decline since then (70.9%, 2014-15 OT).

The most rapid drop off is seen in the 10 days subsequent to initiation; breastfeeding attrition rates are also subject to local variation and will inform the provision of targeted infant feeding interventions.

Changes in national data reporting systems since 2013 led to a decrease in data quality, reducing the availability of national and comparator benchmarking. Since quarter 2, 2015-16 Local Authorities have had responsibility for reporting breastfeeding prevalence as an interim arrangement prior to the introduction of a new national Children and Young People dataset.

The Infant Feeding Strategy group is developing a consensus position on a local data set for the East Riding of Yorkshire.

### **5.2 Commissioning arrangements**

East Riding of Yorkshire Council (ERYC) Public Health and East Riding of Yorkshire Clinical Commissioning Group (ERYCCG) commission different aspects of the Infant Feeding pathway from pregnancy to 6 months and beyond:

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<sup>6</sup> (Shonkoff and Phillips, 2000; Shonkoff and Levitt, 2010; Sunderland, 2007)" in Entwistle FM (2013) The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards. UNICEF UK.

ERYCCG commission Maternity services incorporating input from Midwifery teams.

ERYC Public Health commission Health Visiting Services incorporating Breastfeeding Support Services and also commission an Infant Feeding Service from ERYC Children's Centres. These services provide infant feeding information in the antenatal period alongside Maternity services, and support mothers both in the early postnatal period and after discharge from Midwifery care.

Provider organisations achieve and maintain UNICEF Baby Friendly accreditation in accordance with Commissioners' contractual requirements. Key ongoing elements are development of infant feeding policies, audit of provision, and staff training and updates.

### **5.3 Complexity of provision and the need for joined up working**

Throughout the antenatal and postnatal pathway East Riding of Yorkshire area has a complex network of commissioner and provider relationships, including cross-boundary relationships, and in consequence women are served by different organisations in different localities. This has resulted in development of local arrangements whereby provision for pregnant women and mothers is not consistent across East Riding of Yorkshire, although there are local examples of very good practice.

ERYC Public Health are developing an integrated minus 9 months – 19 years pathway for the re-commissioning of Community Public Health Nursing services.

### **5.4 Antenatal education**

The aim of the antenatal parent education programme is to meet the universal education needs of parents-to-be as an integral part of the -9 months to 19 integrated care pathway.

Developments continue, building on existing good practice, with the objective of offering a consistent antenatal parent education programme located in Children's Centres across East Riding of Yorkshire which increases reach and engagement and provides equity of access for parents-to-be. Based on the principles of DH Preparing for Birth and Beyond toolkit and evaluation information from parents-to-be the programme will be delivered by a multi-disciplinary team of midwives, health visitors and children centre staff. Parents-to-be may also access antenatal education offered by Maternity Trusts, for example York Maternity Unit online classes, and voluntary and community providers such as the National Childbirth Trust and La Leche League.

### **5.5 Peer support**

Due to: historical difficulty in securing sustainable co-ordination and governance, the geographical area covered being large (930 square miles) and many mothers returning to work during the first year after their baby's birth, leading to a need for constant new recruitment and training of Peer Supporters, a capacity building project has been commissioned to aim to develop a sustainable model of peer support within all East Riding of Yorkshire communities. Since early 2015 ERYC Children's Centres have provided coordination of breastfeeding peer support in East Riding of Yorkshire. The model is evolving and the role of Peer Supporters is likely to include:

- Offering practical support and information to women through Breastfeeding Cafes and antenatal education sessions

- Providing a Peer Support presence within universal Children's Centre sessions and health clinics as appropriate
- Providing practical support and information to women in their own home
- Providing support and information to women over the telephone including via helplines.

East Riding of Yorkshire funded peer supporters are volunteers who have breastfed their own infants and have been trained to offer practical support and information as peers within their community. Local women may also access peer support delivered to different models outside the LA boundary.

## **5.6      Support**

BFI have issued guidance on provision of additional and specialist services to support breastfeeding mothers, which will be a new requirement in accreditation standards. In East Riding of Yorkshire the following are being developed:

### **5.6.1   Breastfeeding cafés**

The purpose of breastfeeding cafes is to provide effective social support combined with reassurance and guidance from skilled practitioners in order to help women overcome difficulties and find confidence in their own abilities to achieve their breast feeding goals.

Local arrangements are being developed for consistent, quality, accessible Breastfeeding Café provision that is:

- Offered within each of the Children's Centre reach areas
- Coordinated by the Children's Centre with a combined effort by midwives, health visitors and Children's Centre staff to promote and encourage more women to participate
- Staffed by a Children's Centre Family Coordinator and/or Peer Supporters with BFI breastfeeding relationship building training
- Scheduled to sit alongside/before/after Healthy Child Clinic or Midwifery clinic to make the provision as accessible as possible to women from all sectors of the community
- Supported by the health visiting and/or midwifery team through regular input to provide specialist advice and guidance.

### **5.6.2   Specialist Support service**

The new BFI standards state that specialist support, with an appropriate referral pathway should be available for mothers experiencing complex challenges with breastfeeding.

Co-ordination of the East Riding service is being led by the Health Visiting Service and will provide:

- Direct support to the small number of women and babies with additional feeding needs
- An expert resource for practitioners, both in the lead organisation and across relevant local agencies, who support mothers and babies, including breastfeeding Peer Support services
- Robust referral pathways for both inward referral and back out to mainstream services, and ensuring seamless support for mothers of new and older babies.

Knowledge gained will be used to inform training and audit, and to disseminate learning to promote a culture of continuous improvement.

## **5.7 Breastfeeding in the Community.**

A mother's right to breastfeed in public is protected in law. Under the Equality Act (2010) it is illegal to ask a woman to stop breastfeeding or to leave a public place when she is breastfeeding. Prior to the Equality Act a Breastfeeding Friendly Award Scheme ran in East Riding of Yorkshire, and all public premises should be encouraged to welcome mothers to breastfeed.

## **6. Scope**

The Infant Feeding Strategy covers women resident in East Riding of Yorkshire and their infants, regardless of where they give birth and receive maternity care, acknowledging that most maternity services are based outside East Riding of Yorkshire area.

## **7. Responsibility for the Strategy**

The ERYC Public Health team is the lead organisation for the development of the Infant Feeding Strategy.

The Infant Feeding Strategy Group reports to the Healthy Pregnancy Maternity and Postnatal Strategy Group which has been formed:

- To achieve a unified vision of care and support of mothers and babies in East Riding of Yorkshire, as defined in geographical scope
- To provide an umbrella group to pull together different strategies and work-streams in operation across the area
- To assure equity of provision and services for all mothers and babies regardless of locality according to need
- To acknowledge pathway links and inter-dependencies
- To strengthen and support communication channels.

The Group further reports via the Public Health Strategic Group to the East Riding Health and Wellbeing Board.

## **8. Linkages to National, Local and Corporate Priorities**

### **8.1 National indicators**

Public Health Outcomes Framework Indicators 2.2i and ii:

Breastfeeding initiation – number of women who initiate breastfeeding within the first 48 hours after delivery

Breastfeeding prevalence at 6-8 weeks after birth – number of infants who are totally or partially breastfed at the 6-8 week check.

Related national guidance:

- Healthy Child Programme
- [DoH Healthy Child Programme: Pregnancy and the First 5 Years of Life, 2009](#)

- UNICEF UK Baby Friendly Initiative standards [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Guidance/guidance\\_childrens\\_centres.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/guidance_childrens_centres.pdf)
- DfE Sure Start children's centres statutory guidance, April 2013
- WHO, International Code of Marketing of Breastmilk Substitutes, 1981 [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)

NICE guidance:

- Antenatal care. NICE clinical guideline 62 <http://guidance.nice.org.uk/CG62>
- Maternal and child nutrition. NICE public health guidance 11 <http://guidance.nice.org.uk/PH11>
- Postnatal care. NICE clinical guideline 37 <http://guidance.nice.org.uk/CG37>
- A peer support programme for women who breastfeed: NICE commissioning guide 2008, updated 2012
- Social and emotional wellbeing: early year's guidance. NICE public health guidance PH40, 2012
- Multiple pregnancy: the management of twin and triplet pregnancies in the antenatal period. NICE clinical guidance CG129, 2011
- Pregnancy and complex social factors. NICE clinical guidance CG 110, 2010
- Donor milk banks. NICE guidance CG93, 2010
- Specialist neonatal care. NICE quality standard QS4, 2010
- Intrapartum care: care of healthy women and their babies during childbirth. NICE clinical guidance CG190, 2014.

## **8.2 Linkages to local Strategies and Policies**

The Infant feeding Strategy has links to:

- East Riding JSNA <http://dataobs.eastriding.gov.uk/jsna/jsnahome>
- East Riding Maternity Services Commissioning Strategy 2015 to 2018, ERYCCG
- ERYC Health and Wellbeing strategy
- Integrated Children and Young People's Public Health Services - Needs Analysis
- East Riding Parenting Strategy (in development)
- Provider organisation policies and Standard Operating Procedures for Infant safe sleeping.

The Strategy also links to ERYC Corporate priorities:

- Supporting vulnerable people, reducing inequalities – supporting in times of need, protecting from harm and improving the quality of life
- Promoting health, wellbeing and independence – helping people to stay healthy, strong and fit for future.

## **9. The six objectives of the strategy and supporting principles**

Recognising the need to improve current performance against national indicators, the first objective is to deliver increased rates of breastfeeding at initiation and prevalence at 10 days and 6-8 weeks, and maintenance for longer

Supporting principles for this objective are:

- Informed choice – more women opting to breastfeed
- Support – women who choose to breastfeed are enabled to continue as long as they wish.

The second objective is to develop robust care pathways for women and babies throughout pregnancy and into the postnatal period and beyond.

Supporting principles are:

- Women are given information and support at all stages, and regardless of the method of infant feeding they choose
- Seamless support through collaborative working and effective communication between organisations
  - a collaborative approach, with leadership through the Healthy Child Programme, to offering infant feeding support in the early days
  - Even if there is not the **same** support across the East Riding of Yorkshire, there will be **equivalent** support (the pattern of providers/capacity of organisations varies in different areas)
  - A specialist support service for women and babies with complex feeding needs, and advice and development of practitioners
  - Development of pathway links and briefing/ training as appropriate for wider partners, e.g. GPs.

The third objective is to target initiatives with a focus on areas of deprivation for the greatest benefit in inequality reduction

Supporting principles are:

- Cultural change is required involving expectation raising among the community and practitioners (i.e. not women **don't** breastfeed in this area, but women **can** breastfeed).

The fourth objective is to improve data quality. Good quality localised data will enable identification of areas where rates are low and/or drop-off is high in order to target activity

Supporting principles are:

- Data sharing protocols to be consolidated
- Data quality needs to be robust enough to evidence any impact of initiatives undertaken.

The fifth objective is to facilitate the development of emotional attachment between parents and their infants in the postnatal period

Supporting principles are:

- Attachment is relevant to all mothers and babies regardless of feeding method
- Children's Centres have a key role in reinforcing bonding and attachment
- Potential wider outcomes – effective early attachment can assist in delivering reduction in family problems later on, with potential impact on delivery of the healthy child pathway, and on children's social care.

The sixth objective is the production of a sustainable model for volunteer peer support, with effective governance structures

Supporting principles are:

- The model needs to be helpful to women, to assist to the host organisation's aims, and build social capital/skills for the volunteers involved
- Voluntary support is not a substitute for statutory services
- Principles of collaborative working and effective communication apply to volunteers.

## **10. Description of Development of the Strategy**

The strategy was developed by the East Riding Infant Feeding Strategy Group. Local stakeholders were consulted including service users.

The contact officer for the strategy welcomes feedback on the strategy, from all interested parties, which can be considered when the strategy is next reviewed.

## **11. Risk Management**

### **Risk analysis and any contingency plans**

A key risk to the strategy is the re-commissioning of services with potential impact on continuity and sustainability of arrangements to support infant feeding.

Planned response:

- Infant feeding to be included as key outcome in commissioning processes
- Using a whole system approach to commissioning aiming to deliver seamless support.

## **12. Arrangements for Monitoring, Evaluation, and Review**

The Infant Feeding Strategy group will monitor progress against the infant feeding strategy action plan at its regular bi-monthly meetings.

Commissioned services will be monitored via the commissioning organisations' individual contract management arrangements.

### **12.1 Review date**

The strategy will be formally reviewed in March 2020.

## **13. Appendices**

## **Appendix 1**

### **East Riding Infant Feeding Strategy Group Membership**

Public Health Lead (Breastfeeding), East Riding of Yorkshire Council (Chair)  
Service Manager Early Years and Family Support, East Riding of Yorkshire Council  
Early Years and Family Support Services Area Manager (East) East Riding of Yorkshire Council  
Children's Centre Development Manager, East Riding of Yorkshire Council  
Project officer Infant Feeding, East Riding of Yorkshire Council Children's Centres  
Service Manager Children and Young People, Humber NHS Foundation Trust  
Infant Feeding Lead, Humber NHS Foundation Trust  
Infant Feeding Co-ordinators, Hull and East Yorkshire Hospitals NHS Trust  
Infant Feeding Co-ordinator (York), York Teaching Hospital NHS Foundation Trust  
Infant Feeding Co-ordinator (Scarborough), York Teaching Hospital NHS Foundation Trust  
Commissioning Lead for Women and Children's Services, NHS East Riding of Yorkshire  
Clinical Commissioning Group

## **Appendix 2**

### **Stakeholder consultation process and list of stakeholders consulted**

The draft strategy document was developed by the East Riding Infant feeding Strategy Group, and confirmed by the Healthy Pregnancy Maternity and Postnatal Strategy Group.

The draft was circulated for consultation to stakeholders as listed below, prior to corporate approval of the final strategy document via Public Health Strategic Group.

Efforts were made to engage parents in consultation, with a lengthy timescale of over a month and a model invitation letter for practitioners who work closely with parents, but unfortunately no feedback was received.

Five responses were received from stakeholders:

- Two from current providers
- Two from ERYC Children's Services
- One from a neighbouring commissioner.

Key issues raised were:

- The need for robust data sharing arrangements
- Emphasis on support in the early days when mothers are most likely to stop breastfeeding
- Training for all staff
- Development of local targets for breastfeeding rates.

### **Consultation stakeholders:**

Director of Public Health East Riding of Yorkshire Council  
Service Manager, Early Years and Family Support, East Riding of Yorkshire Council  
Children's Centre Managers

Partnerships & Commissioned Services Strategic Manager, East Riding of Yorkshire Council  
Pathway Team Manager, East Riding of Yorkshire Council  
Senior HR Officer, East Riding of Yorkshire Council

Commissioning Lead for Women and Children's Services NHS East Riding of Yorkshire Clinical Commissioning Group  
Childrens and Maternity Commissioner, Vale of York CCG

Infant feeding Co-ordinators/Leads  
Care Group Director - Children's & Learning Disability Humber NHS Foundation Trust  
Assistant Care Group Director Children's & Learning Disability Humber NHS Foundation Trust  
Service manager Children and Young People, Humber NHS Foundation Trust  
Health Visiting teams, Humber NHS Foundation Trust  
School Nursing teams, Humber NHS Foundation Trust

Family Nurse Partnership Supervisor Humber NHS Foundation Trust

Heads of Midwifery Services, (for circulation to midwives)

- Hull and East Yorkshire Hospitals NHS Trust
- North Lincolnshire and Goole NHS Foundation Trust

- York Teaching Hospital NHS Foundation Trust

Community Midwives, Hull and East Yorkshire Hospitals NHS Trust

Healthy Lifestyles Midwife, Hull and East Yorkshire Hospitals NHS Trust

Designated Nurse for Looked After Children, Humber NHS Foundation Trust

Designated Nurse – Safeguarding, NHS East Riding of Yorkshire Clinical Commissioning Group

Interim Safeguarding Named Nurse Humber NHS Foundation Trust

Community Dieticians

Chief Officer, Community Pharmacy Humber

GP practices

Families Information Service Hub (FISH)

Parents

Peer Support groups

National Childbirth Trust Hull and East Yorkshire branch

National Childbirth trust, York branch,

La Leche League, Hull and East Riding branch

For information to:

Public Health Leads for Children & Young People, Hull City Council

Children and Maternity Commissioner, NHS Hull Clinical Commissioning Group.

## Infant Feeding Strategy Action Plan 2017 – 2020

<b>Aim</b>		
1. UNICEF Baby Friendly Initiative – All Provider organisations to achieve and maintain BFI accreditation in accordance with Commissioners' contractual requirements		
<b>Actions</b>	<b>Lead Partner(s)/Timescales</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• Document and update progress towards accreditation across partner organisations</li> </ul>	IFSG - ongoing	<ul style="list-style-type: none"> <li>• Continuous improvement in service for mothers and babies.</li> </ul>
<ul style="list-style-type: none"> <li>• Agree timetables for Providers to achieve and maintain BFI accreditation in accordance with contractual requirements</li> </ul>	IFSG – all services to have achieved BFI Stage 3 October 2017. Individual organisation timescales for re-accreditation/Gold award	<ul style="list-style-type: none"> <li>• Support available for all mothers at the time and level needed, regardless of feeding method</li> </ul>
<ul style="list-style-type: none"> <li>• Develop:</li> <li>• Long term training plan</li> <li>• Long term audit schedule</li> </ul>	IFCs – as above	
<ul style="list-style-type: none"> <li>• Consider enhanced policy development to increase visibility of support for formula feeding mothers</li> </ul>	IFSG – to review June 2017	
<ul style="list-style-type: none"> <li>• Commissioning – secure provision of specialist support for all ER mothers, and determine referral routes</li> </ul>	PH Lead, Commissioning Lead W&C, IFSG – Sept 2017	

Abbreviations:

CCs - Children's centres

HPMP – Healthy Pregnancy Maternity and Postnatal Strategy Group

IFC – Infant Feeding Co-ordinator

IFSG – Infant feeding Strategy Group

PH – Public Health

FNP – Family Nurse Partnership

<b>Aim</b>		
2. Deliver effective data collection, reporting and analysis		
<b>Supporting Principles</b>		
<b>Actions</b>	<b>Lead Partner(s)/Timescales</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• Data sharing protocols to be consolidated</li> <li>• Data quality needs to be robust enough to evidence any impact of initiatives undertaken</li> </ul>		
<ul style="list-style-type: none"> <li>• Work towards data sharing agreements between:           <ul style="list-style-type: none"> <li>• Providers for reporting purposes</li> <li>• Commissioners for strategic planning purposes</li> </ul> </li> </ul>	Heads of Service, IFCs PH Lead, Commissioning Lead W&C – to align with ISPHNS mobilisation timescales	<ul style="list-style-type: none"> <li>• Shared understanding of performance and progress with breastfeeding rates</li> </ul>
<ul style="list-style-type: none"> <li>• Develop standard Indicator set – ‘singing from the same hymn sheet’</li> </ul>	PH Lead, IFSG – to align with ISPHNS mobilisation timescales	<ul style="list-style-type: none"> <li>• Informed service planning based on accurate local data</li> </ul>
<ul style="list-style-type: none"> <li>• Develop performance communication plan</li> </ul>	PH Lead, IFSG – December 2017	
<ul style="list-style-type: none"> <li>• Local analysis of data to inform planning and service development at locality level</li> </ul>	IFCs, All - Achieved	

<b>Aim</b>		
<b>3. Increase breastfeeding initiation and prevalence and reduce attrition rates</b>		
<b>Supporting Principles</b>		
<ul style="list-style-type: none"> <li>• Informed choice – more women opting to breastfeed</li> <li>• Support – women who choose to breastfeed are enabled to continue as long as they wish</li> <li>• Focus on areas of deprivation for the greatest benefit in inequality reduction, using data to identify local areas where breastfeeding rates are low <ul style="list-style-type: none"> <li>○ Cultural change required – expectation raising among the community and practitioners (i.e. not women <b>don't</b> breastfeed in this area, but women <b>can</b> breastfeed)</li> </ul> </li> </ul>		
<b>Actions</b>	<b>Lead Partner(s)/Timescales</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• Focus of intervention:</li> <li>• Antenatal and delivery – promoting informed choice so more women choose to breastfeed;</li> <li>• Postnatal – ensure those women who have chosen to breastfeed do not give up due to lack of support, but are given support particular in the early days to securely establish breastfeeding; aim to maintain motivated breastfeeders to continue 6 weeks and beyond for as long as they wish.</li> </ul>	Maternity trusts  HV service (early support pilot – final evaluation Qu1, 2017/18)	<ul style="list-style-type: none"> <li>• More women choose to initiate breastfeeding</li> <li>• More women are enabled to maintain breastfeeding for longer in line with their wishes</li> </ul>
<ul style="list-style-type: none"> <li>• Target women from under-represented geographical areas so as to develop a breastfeeding culture</li> <li>• Provide additional targeted support to those enrolled on Family Nurse Partnership programme</li> </ul>	IFCs, FNP, Locality leads – target localities identified and workshops held with all providers – to be reviewed annually	<ul style="list-style-type: none"> <li>• Reduction in inequalities in breastfeeding rates</li> </ul>

Aim	4. Develop seamless infant feeding support for all ER women through pregnancy and the postnatal period to 6 weeks and beyond		
Supporting Principles	<ul style="list-style-type: none"> <li>Women are given information and support at all stages, and regardless of the method of infant feeding they choose.</li> <li>Seamless support – collaborative working and effective communication between organisations           <ul style="list-style-type: none"> <li>Priority to address need for support in early days</li> </ul> </li> <li>Even if there is not the <b>same</b> support across the ER, there will be <b>equivalent</b> support (the pattern of providers/capacity of organisations varies in different areas)</li> </ul>		
Actions	Lead Partner(s)/Timescales	Outcomes	
<ul style="list-style-type: none"> <li>Complete service mapping exercise</li> <li>Identify gaps in provision</li> <li>Ensure the needs of formula feeding parents are addressed at every stage</li> </ul>	HV Service (early days pilot) – as above Section 3  IFSG – Dec 2017 PH Lead, IFSG – as above Section 1	<ul style="list-style-type: none"> <li>All partners understand local capacity and patterns of provision</li> </ul>	
<ul style="list-style-type: none"> <li>Service development – statutory and public sector agencies</li> <li>Document and agree arrangements for shared working, and role boundaries, handover and referral</li> </ul>	Commissioners via contract monitoring - ongoing IFSG, HPMP – align with ISPHNS mobilisation timescales	<ul style="list-style-type: none"> <li>Gaps in provision are identified and plans in place to address them</li> </ul>	
<ul style="list-style-type: none"> <li>Antenatal education/ information giving, and documentation</li> <li>Notification on discharge from hospital</li> <li>Early days support</li> </ul>	CCs – SLA currently to March 18 Maternity Trusts, HPMP – ongoing HV Service – as above Section 3	<ul style="list-style-type: none"> <li>Clear pathways and referral /signposting routes between services</li> </ul>	

<b>Aim</b>			
5. Peer support –production of a sustainable model, with effective governance structures			
<b>Supporting Principles</b>			
Actions	Lead Partner(s)/Timescales	Outcomes	
<ul style="list-style-type: none"> <li>Service development – peer support and 3<sup>rd</sup> sector agencies</li> <li>Engage existing groups</li> <li>Pilot and develop Peer Support Service</li> <li>Reinforce co-ordination and governance arrangements</li> <li>Develop a sustainability plan</li> </ul>	}CCs – SLA currently to } March 18 } IFSG - achieved PH Lead, IFSG – March 2018	<ul style="list-style-type: none"> <li>Peer supporter workforce embedded as part of overall support for women</li> <li>Clear supervision ,governance and training arrangements in place for peer supporters</li> </ul>	

<b>Aim</b>		
6. Facilitate the development of emotional attachment between parents and infants		
<b>Supporting Principles</b>		
<ul style="list-style-type: none"> <li>• Relevant to all mothers and babies regardless of feeding method</li> <li>• Key role of Children's Centres in reinforcing (BFI standards)</li> <li>• Potential wider outcomes - assist in delivering reduction in family problems later on (link to healthy child pathway/ benefits for children's social care)</li> </ul>		
<b>Actions</b>	<b>Lead Partner(s)/Timescales</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• Promote importance of parent and baby bonding and attachment</li> <li>• Promote neurological development of child, negative impact of stress and importance of attachment</li> <li>• Adopt evidence based approach to parenting across services</li> </ul>	CCs, All agencies – align with timescales for ERoY Parenting Strategy	<ul style="list-style-type: none"> <li>• Increased awareness of parents of the importance of early attachment</li> <li>• Increased confidence of parents in bonding with their infants and how infant feeding can help</li> <li>• Early identification, referral and support for parents experiencing difficulties.</li> </ul>

<b>Aim</b>			
7. Incorporate infant feeding strategy recommendations and outcomes into maternity and healthy pregnancy strategy development, and future commissioning plans			
<b>Actions</b>	<b>Lead Partner(s)/Timescales</b>	<b>Outcomes</b>	
<ul style="list-style-type: none"> <li>• Use findings from mapping and work in partnership on service development to inform future commissioning arrangements</li> <li>• Establish a dialogue between the Infant Feeding Strategy Group and Healthy Pregnancy, Maternity and Postnatal Strategy Group to disseminate best practice and issue resolution</li> </ul>	<p>CCG and ERYC Public Health Commissioning leads – to align with ISPHNS mobilisation timescales, and Maternity re-commissioning timescales</p> <p>IFSG, HPMP - Achieved</p>	<ul style="list-style-type: none"> <li>• Future commissioning informed by effective needs assessment</li> <li>• Partnership structures in place to progress strategic aims and improve services</li> </ul>	