

Bradford Metropolitan District Breastfeeding Strategy



2019-2024



Protecting, Promoting, Supporting and Normalising Breastfeeding

Breastfeeding has been the natural and biological way of nourishing our young since time began.

Breastmilk is a completely unique substance, bursting with protective antibodies which are specifically made for each individual baby and cannot be reproduced. Mother’s milk provides all the nutrients and drinks a baby needs until the addition of food from around 6 months of age. The World Health Organisation advocates breastfeeding for 2 years or more. Every single day that a baby receives their mother’s milk is beneficial.

However, breastfeeding rates in the UK are amongst the lowest in the world.

Around 72% of women start breastfeeding, with a sharp drop to less than half of all the babies in England receiving any breastmilk from 8 weeks of age. 1% of babies receive any breastmilk by 1 year.

In Bradford District, there is a wide contrast between wards, with some wards showing over 50% of babies at 8 weeks breastfeeding, and in other wards less than 15%. This strategy aims to motivate all services to work together to reduce these unacceptable health inequalities.

Often women want to breastfeed their baby but experience challenges in doing so, which could potentially be overcome with the right support. Evidence shows that 8 out of 10 women stop

breastfeeding before they wanted to – due to lack of support from professionals or family, employers who have not got adequate provision to support women returning to work and expressing breastmilk, or pressure from wider society as breastfeeding is not necessarily seen as the norm.

The Breastfeeding Strategy is underpinned by the understanding that feeding is part of a relationship between the mother/caregiver and the baby, and supports building that special parent-infant relationship however a baby is fed.

The Breastfeeding Strategy seeks to Protect Promote Support and Normalise breastfeeding.

This is a district wide campaign, to reach all areas of our society - professionals, communities, schools, businesses - and most importantly families, who are at the core of the Breastfeeding Strategy. The Breastfeeding Strategy calls for a collaborative approach – breastfeeding is Everyone’s Business, welcoming breastfeeding here, there and everywhere.



**Councillor
Adrian Farley**
Children and Families
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The Scope of this Strategy includes improvement of services which make a difference for women, babies and families within the Bradford Metropolitan District to support and normalise breastfeeding.

This strategy is for health professionals, public health, education and voluntary sectors, as well as public and private sector establishments. This strategy is also for the families of Bradford Metropolitan District for whom breastfeeding will have the biggest impact.

This strategy acknowledges that not all mothers will have the choice of breastfeeding, and of those who do initiate breast feeding, may stop breast feeding for a variety of reasons. Support is available in Bradford District for all mothers regardless of feeding method from health professionals, Family Hubs, and other community groups.



Breastfeeding is everyone's business.

Breastfeeding promotes health, prevents disease, saves lives and contributes to reducing a broad range of inequalities. There are benefits for baby, mother, the wider family, the environment, and estimated cost savings for health services. The rapid decline in breastfeeding over the latter half century has resulted in less than half of babies in England receiving human breast milk by the age of 2 months.

The Bradford Metropolitan District Breast Feeding Strategy 2019-2024 sets out the direction to support agencies and the public district wide to protect, promote, support and normalise breastfeeding.

In light of the available data around breastfeeding rates nationally and locally, and a review of the collaborative commitment services District wide are offering already to support the Strategy, the Action Plan offers what Bradford District aims to do to continue improvement by removing obstacles and improving service provision to offer the right support at the right place at the right time.

The 3 fundamental motivating factors for the Breast Feeding Strategy are:

- Breastfeeding contributes to reducing infant mortality
- Breastfeeding contributes towards reducing childhood obesity.
- Breastfeeding contributes towards reducing a broad range of inequalities.

In response to these 3 widely recognised Public Health priorities, **Bradford District's Every Baby Matters** (<https://www.bradford.gov.uk/health/improve-your-childs-health/every-baby-matters/>) Action Plan aims to tackle these. Bradford Metropolitan District Breast Feeding Strategy sits under the remit of this.

In brief, Bradford District's Breastfeeding Strategy aims to:

- Support more women to initiate breastfeeding
- Support more women to continue breastfeeding
- Identify areas of low uptake and target services accordingly
- Normalise breastfeeding district wide

What we know – The Evidence Base

Human breast milk provides all the nutrients and fluid intake baby needs for healthy growth and development for the first six months of life. Breastfeeding/human milk has been linked to improve educational and social outcomes as well as reducing the risk of:

- Infant mortality
- Childhood obesity
- Health and social inequalities
- Infections such as: gastroenteritis, middle ear, respiratory and urinary tract infections
- Necrotising enterocolitis (NEC) particularly in premature babies
- Sudden Infant Death Syndrome
- Allergic disorders
- Type 1 and Type 2 diabetes
- Raised systolic blood pressure
- Childhood leukaemia
- Cardiovascular disease
- Dental caries

The evidence base for the benefits of breastfeeding can be found at <https://www.unicef.org.uk/babyfriendly/>.

Further information about donor human milk can be found at: <https://humanmilkfoundation.org/>



Feeding a baby is a major component of parenting, which impacts upon maternal mental health. There is ongoing research into the relationship between breastfeeding and maternal mental health. This Strategy will flex to reflect evidence as it emerges.

The benefits:

Mother

For the mother, there is reduced risk of ovarian, uterine and breast cancers.

There is also a reduced risk of osteoporosis in later life.

Breastfeeding enhances maternal self-efficacy and self-confidence.

Baby and Mother/Main Carer

A responsive parent infant relationship provides the basis for more successful long term outcomes with a greater likelihood of breastfeeding initiation and duration. If the parent is able to think about the baby as an individual, with their own intention and desires, parenting is more likely to be attuned. There is more likelihood of a parent thinking about what the baby would like, and how the baby would like to feed, and how it may feel to be the baby being fed. Supporting the development of a responsive parent infant relationship is a high priority for all babies, with benefits from responsive bottle feeding for both mother/main carer and introduction of solid foods baby also being valued.

Environment Cost

There is an environmental cost from the impact of the production, distribution and packaging of formula. Breastfeeding for 6 months is equivalent to removing 50,000-75,000 cars from the roads.

Financial Cost

There are cost implications to the family, and the health care system of formula feeding. Estimated costs of admissions for babies with illnesses which could be reduced by breastfeeding amount to an estimated £50 million per year nationally in the UK.

There is a wealth of national policies and strategies that recognise the importance of improving breast feeding rates. These are outlined below:

National Policy

The Public Health Outcomes Framework identifies 2 outcome indicators which relate to breastfeeding:

Breastfeeding initiation

Data relating to breastfeeding status after birth is now captured and reported by NHS Digital via the Maternity Services Data Set (MSDS).

The mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mothers breast milk. (NHS Data Flows for Commissioning, NHS England, 2019)

Breastfeeding continuation at 6-8 weeks

The 6-8 week breastfeeding data is published by NHS Digital through the Children and Young People's Health Services (CYPHS) Dataset.

- Totally breastfed is defined as infants who are exclusively receiving breast milk (this may be expressed breast milk) at 6 weeks of age - that is, they are NOT receiving formula milk, any other liquids or food.
- Partially breastfed is defined as infants who are currently receiving breast milk (this may be expressed breast milk) at 6 weeks of age and who are also receiving formula milk or any other liquids or food (NHS Data Flows for Commissioning, NHS England, 2019)

This is measured at the statutory 6-8 week visit by the Health Visiting team.

- **NHS Longterm Plan (2019)** Chapter 3 : Further progress on care quality and outcomes, supports implementation of the UNICEF Baby Friendly Accreditation (3.18)
- **Better Births** (National Maternity Review, 2016) identifies a 'need for improved support in breastfeeding,' with many mothers reporting that they had received conflicting information.
- **The Healthy Child Programme** (DoH, 2009) identified breastfeeding as a protective factor in early identification of need and risk.

- The '**Overview of the six early years and school aged years high impact areas**' are all impacted by breastfeeding, with 'breast feeding (initiation and duration)' as priority 3 (PHE, 2016).
- **NICE** guidance (2008) endorses services which enable breastfeeding, National Institute for Health and Clinical Excellence Public Health Guidance 12: Maternal & Child Nutrition
- **UNICEF UK:** 'Developing a Breastfeeding Strategy' as part of the Baby Friendly Initiative.
- **Closing the gap:** Priorities for essential change in mental health – Department of health 2014
- **1001 Critical Days** – a cross party manifesto Wave Trust highlights the importance of early intervention.
- **Children's Healthy Weight Strategy 2017-2020** National Guidance Documents identifies the role of breastfeeding and responsive feeding as key to reducing childhood obesity.

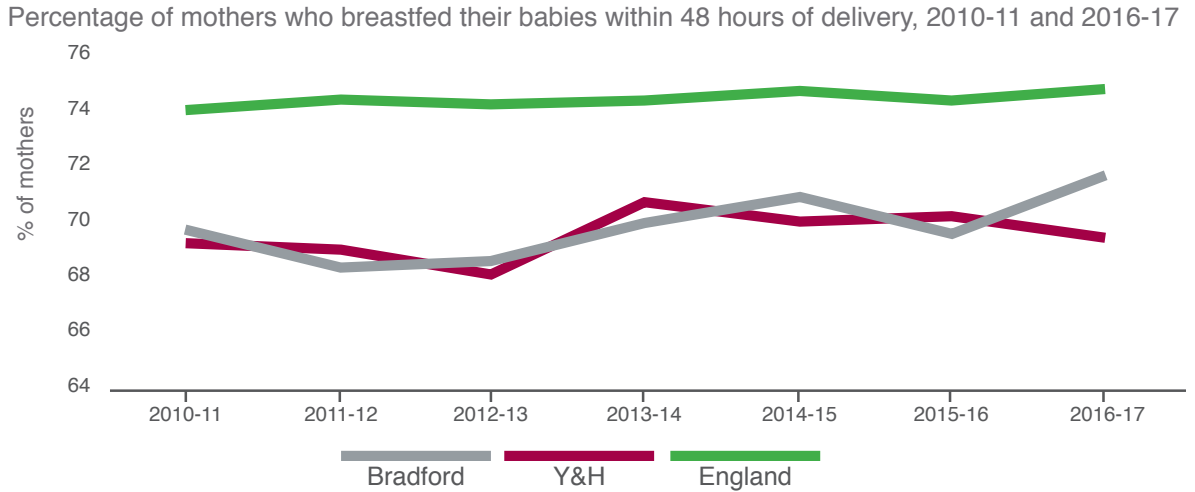
Local Policy

Local policy echoes the main components of those nationally. Prevention is widely recognised as a priority for all health and wellbeing improvement plans. Bradford Metropolitan District's policies have a theme of collaborative working and whole systems approach to reducing inequalities, prevention, and early help.

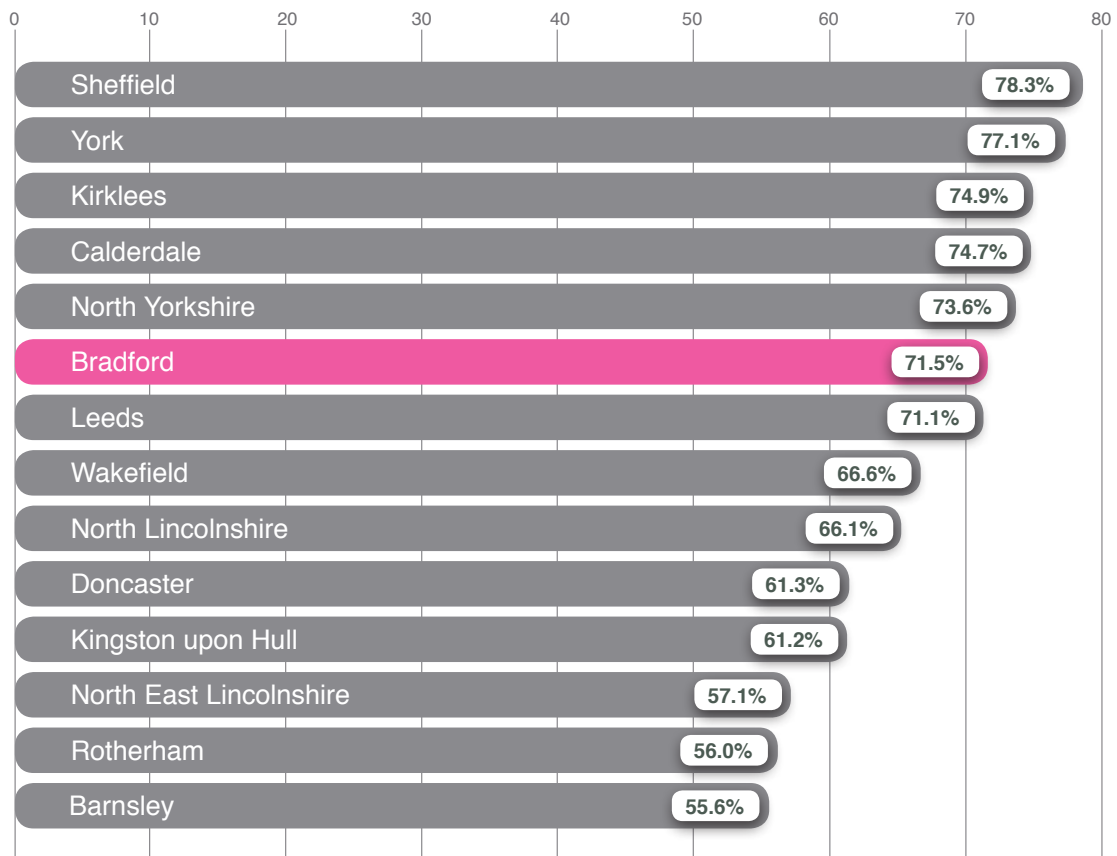
Bradford Metropolitan District's main policies which support this strategy are outlined below:

Joint Health and Wellbeing Strategy for Bradford and Airedale 2018-2023 – Connecting People and Place for Better Health and Wellbeing, logic model approach – outcome 1 – **Our Children Have a Great Start in Life**, and outcome 3 - **People in all parts of the District are living well and ageing well**

- Bradford District Children Families and Young People Plan 2017-2020 (Better Health Better Lives – section 5 of District Plan)
- Every Baby Matters (EBM) Action Plan
- Bradford Joint Strategic Needs Assessment 2016
- Bradford Breastfeeding Strategy Draft 2016-2018
- The Integrated Early Years Strategy 2015-2018
- The Children's Healthy Weight Strategy 2017-2020
- West Yorkshire and Harrogate Health Care Partnership Local Maternity Stream



Breastfeeding Initiation Rates - Yorkshire and Humber 2016-17



Where we are now

This section sets out the statistical information regarding breastfeeding rates nationally and locally, and the collaborative approach Bradford Metropolitan District has already embraced in service delivery.

Public Health England identify that breastfeeding rates at initiation and 6-8 weeks are to be collected nationally to enable identification of trends nationally and locally over time.

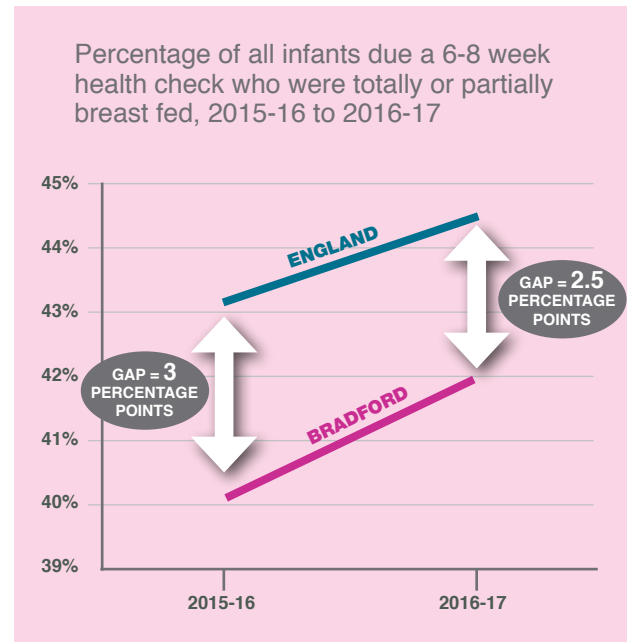
Breast feeding rates in Bradford Metropolitan District remain below the UK average at both initiation and at 6-8 weeks. In despite of this, Bradford Metropolitan District’s breastfeeding initiation and continuation rates are increasing.

There is a pro-active approach across key services district wide which enable more mothers to initiate and continue breastfeeding, which is fundamental to the increase in these rates.

Breastfeeding Initiation

In 2016/17, within Bradford District, 71.5% of mothers breastfed their baby within 48 hours of delivery. This is a 2 percentage point increase from 2010/11 and the highest breastfeeding initiation rate recorded so far in the district. In 2016/17 Bradford District had a higher percentage of mothers' breastfeeding their baby within 48 hours of delivery than the average for Yorkshire & Humber (69%). However Bradford District has consistently had a significantly lower breastfeeding initiation rate than England on average (74.5%). It is important to note, however, that the gap between Bradford District's and England's initiation rate has decreased over time from 4.2 to 3.0 percentage points in 2016/17.

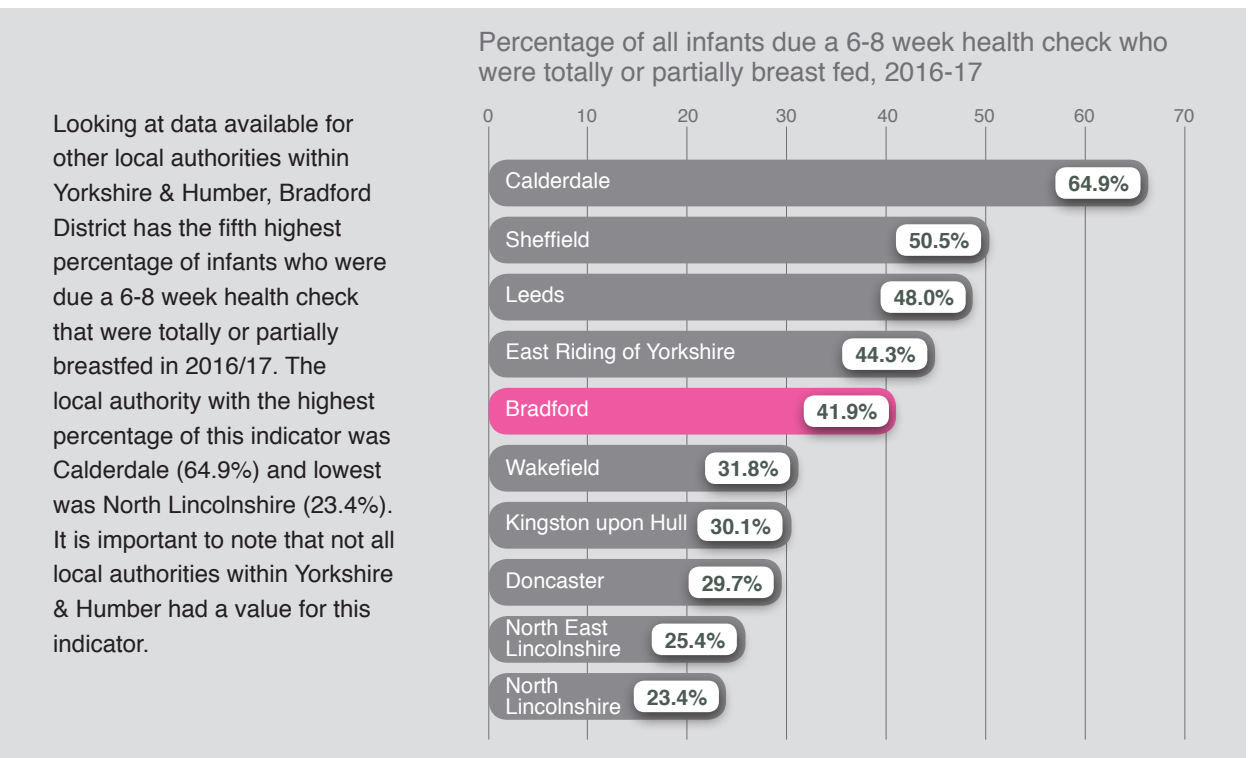
Regionally, Bradford Metropolitan District has the 6th highest percentage of mothers who breastfeed their baby within 48 hours of delivery. Initiation rates vary throughout Yorkshire & Humber from 55.6% within Barnsley to 78.3% within Sheffield.



Breastfeeding at 6-8 weeks

In 2016/17 41.9% of infants in Bradford Metropolitan District who were due a 6-8 week health check were totally or partially breastfed. This is a 1.8 percentage

point increase from previous records in 2015/16. However despite this increase, Bradford District remains to have a lower percentage of infants due a 6-8 week health check who are totally or partially breastfed than the national average (44.4%).



Breastfeeding at a local level

There is currently no data available for initiation rates by ward.

Breastfeeding data is collected at 10-14 days and 6-8 weeks at ward level. On average, 51.1% of women were breastfeeding between 10-14 days following birth in Bradford District as a whole.

The proportion of women Breastfeeding between 10-14 days of delivery varies across the wards within Bradford District from 30.8% to 66.7%. The wards with the highest rates are Wharfedale, Manningham, City and Heaton. The lower rates were seen within Windhill & Wrose, Royds, Wyke & Keighley West wards. There doesn't appear to be any correlation between high breastfeeding rates at 10-14 days and wards with highest levels of deprivation across Bradford District. Four out of the top five wards with the highest proportion of mothers' breastfeeding at 10-14 days have a predominant Asian/Asian British population demographic (55% and above). Furthermore, wards with the lowest rates have a dominantly White population.

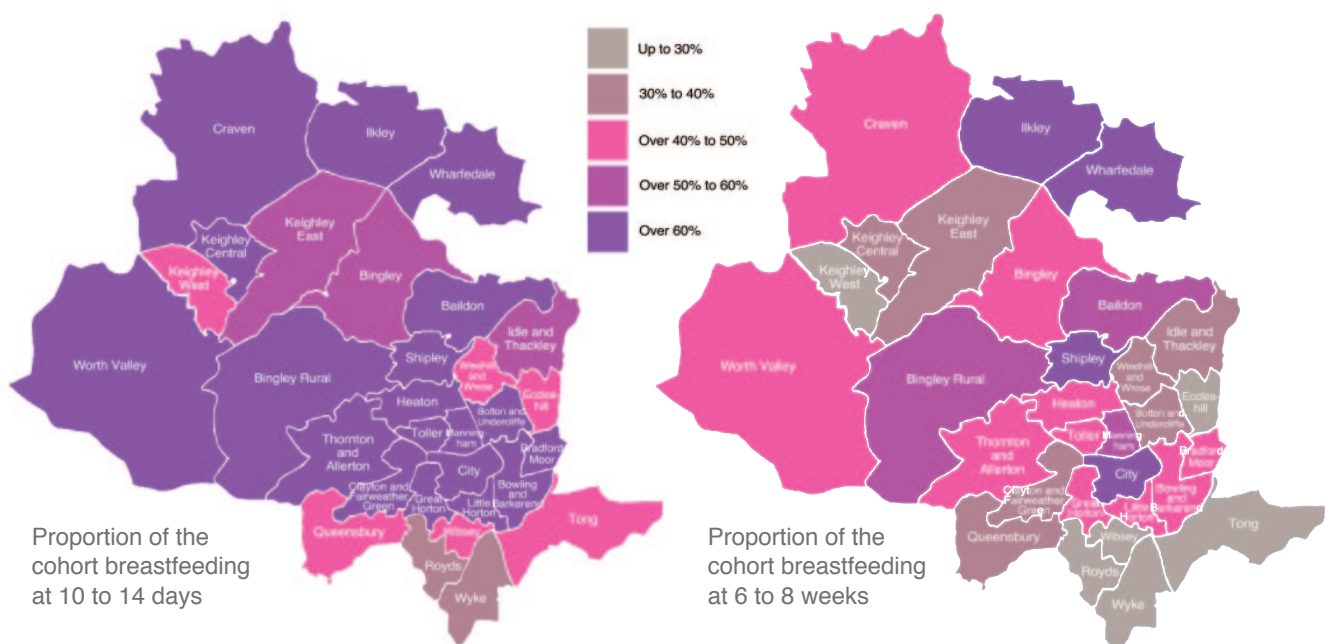
Breastfeeding rates generally fall by 6-8 weeks across Bradford District. Similar to rates at 10-14 days, there is sizable variation in the proportion of mothers' breastfeeding at 6-8 weeks across the wards of the District. Percentages vary from 26.8% to 74.5%. Wards with the lowest rates include Wyke, Keighley West, Royds and Wibsey and highest rates are the wards of Wharfedale, Ilkley, Shipley and City. There

isn't a strong association between higher levels of deprivation and low breastfeeding at 6-8 weeks for the ward level data for Bradford District. However it has been evident in national data that breastfeeding rates are lower for mothers from a lower socio-economic background. Wards with the lowest proportions of mothers' breastfeeding at 6-8 weeks have a mainly White population.

Data at ward level indicates which areas require targeted service delivery in order to reduce the inequity across Bradford District.

To summarise, most babies in Bradford District begin their feeding experience by breast feeding. Breast feeding initiation is improving. We can see that breastfeeding rates drop rapidly from birth to 6-8 weeks nationally and locally. Figures for 2016/17 for Bradford District indicate a drop of 29.6 percentage points. The data for 6-8 weeks at ward level indicated 6 wards have less than 30% of babies receiving any breast milk and 6 wards have over 50% of babies receiving any breast milk.

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



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Within Bradford District there is already a wealth of support for breastfeeding, demonstrated by the increase in both initiation and 6-8 week breastfeeding rates. The Maternity services, the Health Visiting Service and Family Hubs (0-19 Prevention and Early help) provide universal support with breast feeding. Statutory service provision is enhanced by the **'Breastfeeding Buddies'** – Bradford district's volunteer peer support programme, and the **Better Start Bradford Breastfeeding Support Service**, a pilot programme offering women and families individualised telephone and home support with breastfeeding within a specific area.

Midwifery services

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

Midwifery services run antenatal classes where women and their birth partners are invited to attend. These include infant feeding, parent infant relationship building, and responsive parenting. All new mothers are offered skin to skin contact with their baby at birth, or as soon as possible after, regardless of feeding method. The first feed (breast or bottle) is offered with the support of a midwife to ensure feeding gets off to a good start and each mother and both parents where relevant begin to recognise and understand baby's cues, including feeding cues. The first feed is recorded, and statistical data collected for national feeding records.

If a mother is separated from her baby or is the baby is not able to latch onto the breast, the mother is supported to express her milk and offer this to the baby. The Neonatal Intensive Care Unit (NICU) at Bradford Royal Infirmary is UNICEF Baby Friendly accredited to level 3, demonstrating a high level of commitment and expertise around breastfeeding and relationship building. AGH Special Care Baby Unit (SCBU) also have a highly skilled staff team. Our premature and sick babies are our most vulnerable. Human milk is

lifesaving in many cases for premature babies and the NICU and SCBU staff are highly skilled at supporting parents in the care of their babies, especially around infant feeding. Mothers are supported to express their milk for their babies, and for times when this is not available, donor human milk is available.

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

At Bradford Royal Infirmary there are 2 midwives with specialist interest in breastfeeding (each covering 7.5 hrs a week) to support the role of the Specialist Infant Feeding Coordinator (34.5hrs 4 days a week at the time of writing).

At Airedale General Hospital there is a Specialist Infant Feeding Midwife 4 days a week at the time of writing. Postnatal Feeding clinics are held at both trusts -Airedale Monday and Thursdays appointment required- Bradford Royal Infirmary offers breastfeeding clinics with an appointment on Monday, Wednesday & Fridays (with some exceptions for some challenging cases), with an antenatal drop-in alternate Fridays 10:00-12:00pm for antenatal and postnatal information and support available to women and their support networks.

Across the District there are peer support volunteers that work both in the 2 main Trusts on the postnatal wards and in the community setting, providing further breastfeeding support.

All maternity staff are also trained to UNICEF Baby Friendly standards and available in hospital to support all mothers to safely feed their babies.

A frenotomy (tongue-tie) service is offered by the Ear Nose and Throat (ENT) service at Bradford Royal Infirmary. Breastfeeding would be initially assessed by the Midwife or Health Visitor, then referred to either the Breastfeeding Clinics or the ENT service for a frenotomy if required. Breastfeeding would be followed up by the Midwife or Health Visitor.

Health Visiting/0-19 Service

The Health Visiting service is UNICEF Baby Friendly accredited to stage 3, and offers support from pregnancy until a baby is 5 years old.

Universally, all women are offered an antenatal contact by letter or appointment after 28 weeks of pregnancy. Infant feeding is explored, information given, and support offered during this visit.

Health Visitors visit all families with a new baby at 10-14 days. Infant feeding is again visited, with support for breast feeding offered. The other mandated visits are at 6-8 weeks, 3-4 months, 9 months, and 2 years. All contacts offer support around the importance of the parent infant relationship and how this benefits responsive feeding.

During the 10-14 day visit (birth visit) a breastfeeding assessment is carried out (if the mother is breastfeeding) using the UNICEF Baby Friendly Initiative Breastfeeding Assessment Tool. Support is also given for responsive and safe bottle feeding. All families are given support and information regarding responsive parenting and relationship building. Information is also given on the peer support service Breastfeeding Buddies.

Family Hubs

The Family Hub Early Help workers are delivering antenatal 'Welcome to the World' courses, 'Play and Learn' sessions, and the Nurturing Programme, amongst other courses, where they will be able to offer information about breastfeeding and relationship building, and signpost when necessary. The Prevention and Early Help teams have accessed Breastfeeding Training at UNICEF Baby Friendly standard and are able to embed key messages around the Parent Infant Relationship into their practice. They will be working in close collaboration with the 0-19 Health visiting teams.

Voluntary Sector Support

The National Childbirth Trust are commissioned to provide a volunteer peer support programme of mother to mother support, called '**Bradford Breastfeeding Buddies**'. There is a peer supporter available across the District most week days, at a clinic or drop in. Information for this may be accessed through their facebook page. The Peer support service is available for women to register and then to receive a phone call from the Peer service. The Peer supporters are also available on the ante and post natal wards in BRI and AGH every week day.

Better Start Bradford

The Better Start Bradford area has a newly commissioned breastfeeding service from 2018. This service has 7 part time Breastfeeding Support Workers who provide a breastfeeding service to all mothers on discharge from hospital, or new postnatal mothers, by telephone and at home, who are within the Better Start area. Three home visits are offered to each family a time which they agree.

Current gaps in Infant Feeding Support

The delivery of this strategy depends upon the commitment from services working with families to fully resource breastfeeding support. The current situation, although offers a level of support, is not without gaps.

Further investment in Infant Feeding Specialist roles and such as Lactation Consultants in both Midwifery and Health visiting is fundamental. The Midwifery service is essential in supporting initiation and early breastfeeding continuation. Currently the Midwifery service requires more ringfenced time from qualified midwives and maternity support to achieve and maintain baby friendly status and provide clinical and emotional support to new mothers and their families. Improved service provision would include having a specialist infant feeding Frenotomy (tongue tie) service, offering an assessment and follow up clinic, and a donor milk bank collection service.

Clinical expertise in the Community would enable more women to have the support needed to continue breastfeeding for longer. The Peer Support service plays a crucial role in supporting the specialist roles, and would benefit from being an 'opt out' service, enabling access to a greater number of women, and extending to offer support in the Neonatal unit also.

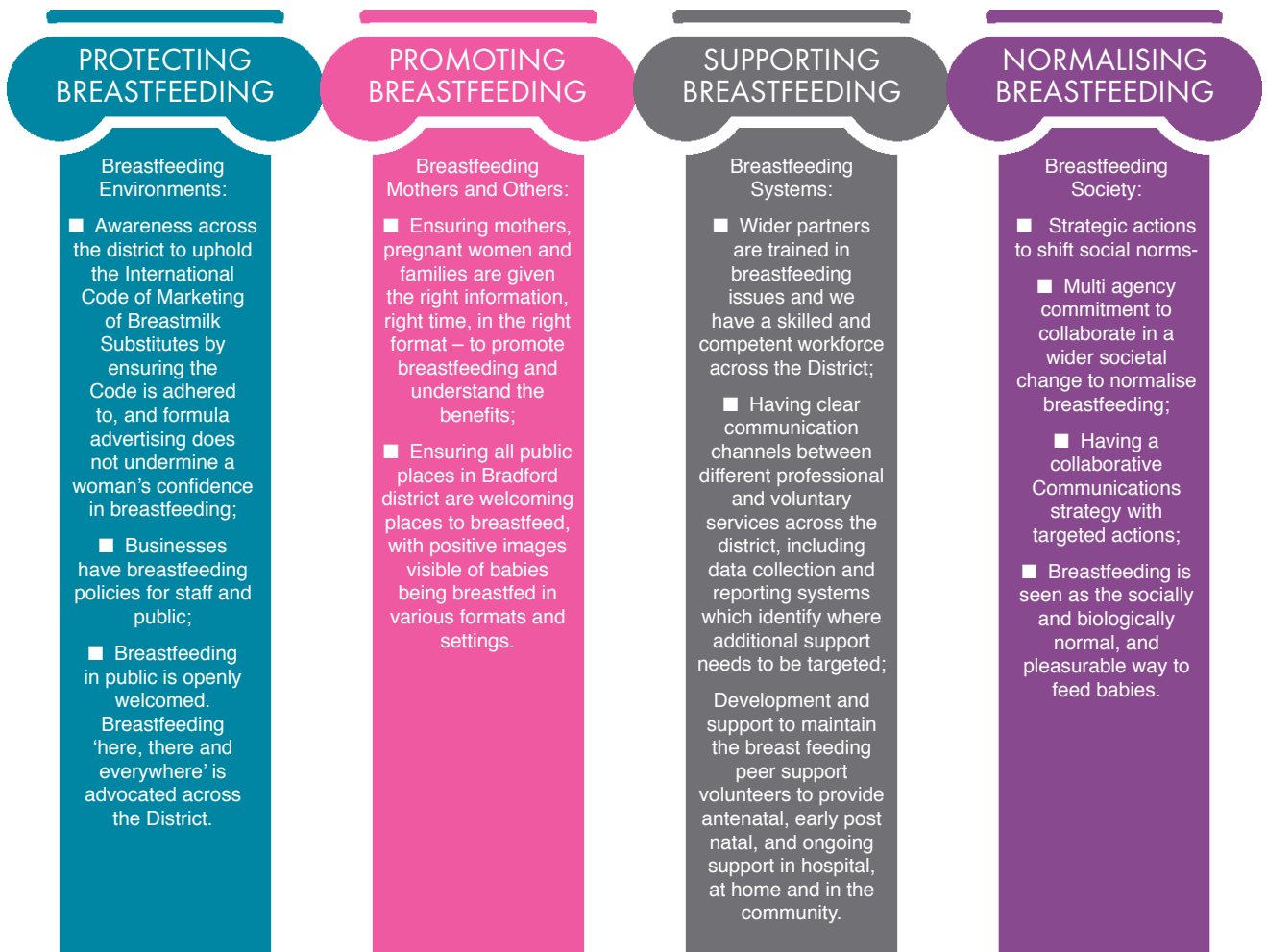
What we would like

The vision for Bradford Metropolitan District is that we have breastfeeding friendly District. We would like women and their families to feel supported in pregnancy to explore their thoughts about infant feeding. We would like all women where possible to feel able to offer the first feed as a breastfeed, and feel supported to continue to breastfeed should they wish. There will be a collaborative joined up approach throughout all services families encounter so there are consistent messages. We would like women and their families to know how and where to access the right support at the right time to be enabled to continue breastfeeding. Our vision is one where women know that they will be able to comfortably and pleasurably breastfeed their baby outside of the home, and feel supported by others to do so. Breastfeeding will be the

normal and expected way for a baby to be fed where possible.

Our vision goes beyond this, to ensure schools and further education incorporates positive messages around breast feeding and responsive parenting from nursery throughout, so when young adults think about having a baby, breast feeding is a normal option. Donor milk would be more widely available for babies who need it.

Bradford's Breastfeeding Strategy is upheld by 4 pillars of: Protecting, Promoting, Supporting and Normalising Breastfeeding. These form the vision and the guiding principles of the Breastfeeding Strategy. These four pillars complement the 4 domains in Bradford District's Living Well Programme.



The 4 pillars of the Breastfeeding Strategy are underpinned by the firm foundation of supporting the parent infant relationship for all parents and babies

Bradford District Breastfeeding Action Plan 2019

Objective	Actions	Target / Measure	Timescale	Responsible Body
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1. Protecting Breastfeeding – A Breastfeeding Environment



Informed Society				
	Support as many businesses and organisations as possible across the district to be aware of and adhere to the International Code of Marketing of Breastmilk Substitutes	No reports of formula advertising	Continuous	Individual organisations lead by Strategic Breast feeding Lead (SBL)
	Businesses and organisations district wide have Breastfeeding policies for: 1) staff returning to work, and 2) public using the premises	Improved public awareness	Continuous	Individual organisations lead by SBL
	Businesses district wide are aware of the Breastfeeding Welcome scheme and sign up	Businesses register with Breastfeeding Welcome scheme	Staged over length of strategy	SBL
	All professionals and organisations district wide working with families are familiar with the basic principles of supporting responsive parenting, responsive feeding and relationship building, and utilise the Ready to Relate resource where possible	Training accessed	Continuous	Individual managers and Infant Feeding Lead

2. Promoting Breastfeeding – Breastfeeding Mothers



Informed Society and Professionals				
	All health professionals and organisations working with pregnant women and families are trained in services which are UNICEF Baby Friendly Accredited	Training/Internal audit	Continuous	SBL
	BRI Maternity Services - achieve stage 3 Baby Friendly Accreditation	Internal and UNICEF Baby Friendly audit	Over duration of the strategy where possible	BRI Infant Feeding Lead
	AGH Maternity Services -achieve stage 3 Baby Friendly Accreditation	Internal and UNICEF Baby Friendly audit	Over duration of the strategy where possible	AGH Infant Feeding Lead
	Health Visiting/School Nursing 0-19 Service maintain stage 3 Baby Friendly Accreditation	Internal and UNICEF Baby Friendly audit	Re-accreditation 2021	SBL/Breastfeeding Champions
	0-19 Prevention and Early Help Service trained according to role	Internal and UNICEF Baby Friendly audit with 0-19 service	Continuous	SBL/Champions



Objective	Actions	Target / Measure	Timescale	Responsible Body
	BRI Neonatal unit maintain stage 3 Baby Friendly Accreditation	Quarterly internal audit/ UNICEF re-audit	UNICEF re-accreditation 2020/21	Infant Feeding Lead NNU
	University of Bradford Midwifery Programme maintains Baby Friendly principles in student programmes	Training attended	Duration of Strategy and beyond 2019/2024	SBL/ Midwifery Lecturing team
	Better Start Breastfeeding Support Workers maintain Baby Friendly standard of practice	Updates attended	Annual	Health for All team
	Doula service maintain Baby Friendly standard of practice	Updates attended	Annual	Doula team
	GPs champion Breastfeeding -model of champion in each practice, GPs aware of clear referral to Breastfeeding Buddies, HV, MW and clinic. GPs aware of UNICEF Baby Friendly e- training and how to access information on treatment of breastfeeding problems	Training accessed	Duration of strategy	Lead CCG for Infant Feeding/SBL
	Paediatric Dieticians promote breastfeeding and complementary feeding from 6 months	Training/update accessed and Internal and UNICEF Baby Friendly audit	Duration of strategy	Paediatric Lead Dietician/ BRI/AGH Infant Feeding Lead
	Children's Nurses and Paediatric staff are aware of the Baby Friendly principles	Training/update accessed	Duration of strategy	Strategic Breastfeeding Lead/ BRI/AGH Infant Feeding Lead
	Pharmacies are aware of the benefits of the principles of the Breastfeeding Strategy and seek to uphold these in all areas of practice	Training accessed	Duration of strategy	Pharmacy lead/tbc
	Mothers are able to donate their milk for human milk banking, with a screening and collection service available	Agreement with existing milk bank regionally or nationally to establish a donation service	Duration of strategy	Midwifery Infant Feeding leads, Community Infant Feeding Leads (tbc), Strategic Breastfeeding Lead

Objective	Actions	Target / Measure	Timescale	Responsible Body
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3. Supporting Breastfeeding – Breastfeeding Systems



Clear Communications and Pathways

Breastfeeding Integrated Care Pathway Breastfeeding Referral Pathway	Progress reported via bimonthly Network meetings	End 2024	Breastfeeding Network Members
Breastfeeding Buddies Peer Support Service advocated, referral of pregnant women encouraged, targeted service in areas of low breastfeeding	Quarterly reporting	Quarterly	Peer Support Service/NCT
Data collection and data dissemination systems to identify target wards and to identify trends - inform what is working and what service improvements are needed	Quarterly reporting	Quarterly	Data analysts BMDC/BTHFT/ ANHST/BDCFT

4. Normalising Breastfeeding – Breastfeeding Society



Shifting Social Norms

Communications strategy	Social media coverage	Bimonthly meeting Duration of strategy	SBL/ Communications team from BDCFT/ BMDC/BTHFT/ ANHST/Better Start
Breastfeeding Welcome programme- Target – 5 key public spaces – 5 key employers – 15 further organisations	Sign up to scheme/register	Continuous	Comms team/SBFL
'Breastfeeding here there and everywhere' promotion	Publicity/ social media coverage	Continuous	Comms team/SBFL
Early education materials represent breastfeeding as the norm	Training accessed	Continuous	Early Education leads/Family Hubs/ SBFL/0-19 Lead for SchCPN
Primary and Secondary Education encompasses education on breastfeeding and relationship building	Training accessed	Continuous	Early Education leads/Family Hubs/ SBFL/0-19 Lead for SchCPN/Dental Health
Responsive parenting and the importance of the parent infant relationship underpins all aspects of the Breastfeeding Strategy, supporting the shift of social norms to enable more people to have a greater understanding of babies	Embedding of Ready to Relate parent infant relationship resource cards and PIR training	Continuous	SBL/Perinatal Mental Health Lead

OUTCOMES

Bradford District's Breastfeeding Strategy requires a collaborative approach at both a strategic and operational level if sustained improvement is to be achieved across the District.

The 3 overriding outcomes of this strategy to achieve by 2024 are:

- Increasing breastfeeding initiation rates to be closer to the UK average (increasing initiation by 2%)
- Increasing duration of breastfeeding at 6-8 weeks to be closer in line with national average (increasing by 1%)
- Reducing the gap in breastfeeding prevalence between the most deprived wards and the Bradford average.

The actions to meet these outcomes are detailed in the Action Plan.

The Breastfeeding Action Plan sits alongside Bradford's Every Baby Matters action plan of reducing Infant Mortality rates and Childhood obesity rates, with Breastfeeding being one of the key determinants. This action plan sets out the strategic intent to build upon the firm foundations of existing good practice.



AIMS

The aims of this Action Plan is to improve local breastfeeding rates by:

- changing public perceptions and promoting positive attitudes towards breastfeeding;
- supporting provision of appropriately skilled breastfeeding support at the right time in the right place
- Supporting all women who chose to breastfeed including young mothers and those in low income groups.

This is underpinned by the firm foundation of collaboratively supporting the parent infant relationship for all families.

Bradford District's Breastfeeding Strategy action plan sets out the intention and aspiration to secure the UNICEF UK Baby Friendly Initiative standards and highlights the integrated working needed to achieve this. The UNICEF Baby Friendly standards focus on the interconnectedness of systems and place at the heart of the standards, and the relationship between mother and baby.

The actions will be monitored quarterly via reporting systems to Public Health Bradford.

The Bradford District Breastfeeding Network is a multiprofessional group with service user input, has been established within Bradford District for the purpose of supporting existing work, identify barriers to breastfeeding, and work collaboratively to overcome these, thus supporting this strategy.

For further information about the Bradford Metropolitan Breastfeeding Strategy
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The wording in this publication can be made available in other formats such as large print and Braille. Please call 01274 436699.