

# Health Improvement Action in Hospital Settings: Action 18.3: Breastfeeding

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## CEL (1) 2012 Annual Report Summary Briefings – Year 1

This paper is part of a series of briefing papers summarising national health improvement action within the hospital and community hospital setting, reported to Scottish Government as part of the formal governance requirements for delivery of CEL (1) 2012. Information within these reports has been extracted from Year 1 Annual Reports submitted on 30 April 2013 and, therefore, reflects reported health improvement action from January 2012–April 2013.

NHS Boards received individual feedback on their annual report submissions and these can be read alongside the briefings series in order to support local-level discussion.

**Briefing papers within this series include:** **1** Context for Delivery (Core Actions 1–5); **2** Tobacco; **3** Alcohol (covering selected performance measures not reported through the ADP Governance Framework); **4** Breastfeeding; **5** Healthy Working Lives; **6** Sexual Health; **7** Physical Activity; and **8** Active Travel.

NHS Boards received feedback on Action 18.4 Food and Health within their individual feedback.

To view the entire briefing series, and for all other secondary care health improvement support, please visit our NES Knowledge Network Portal at:

[www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs.aspx](http://www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs.aspx)

**CEL (1) 2012 Action 18.3:** Continued implementation of the UNICEF Baby Friendly Initiative in all maternity units.

### Performance measures:

1. Achievement and maintenance of UNICEF Baby Friendly Initiative (BFI) in all maternity units.
2. All mothers are signposted to available breastfeeding support programmes in the community. Those with additional needs who are least likely to breastfeed, or breastfeed only for a short time, are supported to access and engage with services through an appropriate referral process.

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3. Develop and establish pathways to maintain support and continuity of breastfeeding in the community, including measures aimed at reducing attrition rates of those initiating lactation.
4. All women returning to work from maternity leave are advised of the breastfeeding support policy 4–6 weeks prior to returning to work.

**Outcome:**

An increase in the number of women exclusively breastfeeding at first visit and at 6–8 week review.

## Background

Breastfeeding action has been within the health improvement national policy requirements for hospital settings since CEL (14) 2008. The policy action within CEL (1) 2012 extended aspirations of CEL (14) beyond attainment of the UNICEF BFI Award in all maternity units, to enhance the integration of breastfeeding support across secondary and primary care and to ensure staff are supported to breastfeed by their NHS employer.

Consultation on implementing and evaluating Action 18.3 highlighted two specific issues for delivery. These issues related to the challenge of evidencing uptake of breastfeeding support in the community and questioning the added value of CEL (1) 2012 including action on breastfeeding given other workstreams driving this agenda.

The breastfeeding evidence requirements for signposting and/or uptake of community support were reported to have no current mechanism in place by the majority of NHS Boards. Some NHS Boards reported that signposting was routine practice and should, therefore, not be required as a proportion. Secondly, several NHS Boards reported that most of the monitoring measures for breastfeeding are currently captured through the monitoring requirements of UNICEF BFI standards and, therefore, duplicated effort in recording.

## Summary of data provision

CEL (1) 2012 Annual Report submissions were received from all 14 local Health Board areas and the Golden Jubilee Hospital Trust.

No NHS Boards are exempt from breastfeeding action detailed within CEL (1) 2012 as all NHS Boards provide maternity services. The Golden Jubilee Hospital Trust is exempt from all patient-facing breastfeeding action as they do not provide maternity services. However, they are required to evidence against performance measure 4, supporting staff breastfeeding for those staff returning to work following maternity leave.

Therefore, for the data discussed within this report which considers the overarching national evidence submitted by NHS Boards in response of CEL (1) 2012, for performance measure 1–3 n=14 and for performance measure 4 n=15.

## Summary of findings

### Baby Friendly Initiative (BFI)

**Performance measure 1:** Achievement and maintenance of UNICEF Baby Friendly Initiative in all maternity units.

**Required evidence:** Submit evidence confirming attainment or maintenance of UNICEF BFI Award.

All NHS Boards submitted data on their UNICEF BFI Award status and all evidenced having achieved at least Level 1 accreditation. Five NHS Boards provided Board-wide data but did not specify community/maternity services within these areas. The seven remaining NHS Boards specified the award status by either specific hospital or by community/maternity unit status.

Five NHS Boards reported full BFI Award accreditation. These ranged from small to large local Health Board areas.

Of those NHS Boards who did not provide Board-wide accreditation and specified maternity services (i.e. specific hospitals) it was reported that Level 2 was held in three areas, Level 1 in three areas and full accreditation in three areas. However, some of these NHS Boards have multiple units within their area. Not all units within the same NHS Board area were at the same level of the award. Community settings specified by NHS Boards were reported to range from Level 1 (three areas), Level 2 (one area) and full accreditation (one area). Community Health Partnerships waiting to be assessed for Level 2 were reported in four areas.

### Integration with community support

**Performance measure 2:** All mothers are signposted to available breastfeeding support programmes in the community. Those with additional needs who are least likely to breastfeed, or breastfeed only for a short time, are supported to access and engage with services through an appropriate referral process.

**Required evidence:** i) The proportion of breastfeeding women signposted to community support services at point of discharge through appropriate referral processes  
ii) The proportion of women who access a breastfeeding clinic or a breastfeeding support worker.

### Signposting to services

Nine NHS Boards reported that 100% of women are signposted to community support services prior to discharge from maternity services. Two NHS Boards reported that signposting is part of 'routine' practice but did not specify the proportionate data requested. One NHS Board reported 41% signposting prior to discharge.

NHS Boards did not specify whether these proportions were for all women prior to discharge or for breastfeeding women only (as a percentage of the total), which may account for the discrepancy between the majority of reporting from NHS Boards and the one reporting 41%.

One NHS Board did not provide any data for this evidence requirement, and one NHS Board provided a narrative of plans to roll out a peer-support programme in partnership with the National Childbirth Trust, which was additional to requirements.

## Community access

Three NHS Boards provided data in the format requested on the proportion of women accessing and/or engaging with community-based breastfeeding support. Of these NHS Boards, one reported 89% of breastfeeding women accessed support services at least once. One NHS Board reported 90% of breastfeeding mothers accessed support, and specified that this included 70% using telephone support and 20% having a home visit. Finally, one NHS Board reported 100% of first-time breastfeeding mothers are provided with telephone support as part of their protocol.

One NHS Board provided data by locality rather than by Board-wide as requested. The data submitted indicated a broad range in uptake of community-based support ranging from 10–56% across three local areas.

Nine NHS Boards provided no evidence on the proportion of women accessing breastfeeding clinics or support within their communities. Two of these NHS Boards outlined plans to collect data in the future.

## Supportive pathways

**Performance measure 3:** Develop and establish pathways to maintain support and continuity of breastfeeding in the community, including measures aimed at reducing attrition rates of those initiating lactation.

**Required evidence:** Submit local pathways for signposting to community breastfeeding support including feedback mechanism on breastfeeding rates at five days or locally available data equivalent on post-discharge attrition rates.

Five NHS Boards submitted evidence of signposting pathways in place to enable continuity of breastfeeding support into the community, two of which were being piloted. Of these five NHS Boards, two reported mechanisms in place to feedback five-day attrition rates. No other local data equivalents of attrition rates were provided. Five NHS Boards provided descriptions of approaches, policies and/or protocols to support this performance measure.

Four NHS Boards provided no evidence of a pathway in place. However, one NHS Board described plans in place to develop a pathway through links made with another NHS Board for support.

## Staff breastfeeding support

**Performance measure 4:** All women returning to work from maternity leave are advised of the breastfeeding support policy 4–6 weeks prior to returning to work.

**Required evidence:** Submit their staff breastfeeding support policy and details of how policy is communicated to women returning to work.

All NHS Boards, except one, submitted evidence of staff breastfeeding policy and/or communication.

Eleven NHS Boards reported that they had a specific 'Breastfeeding and Returning to Work' or 'Support for Breastfeeding Mothers' policy. Four NHS Boards provided information about staff breastfeeding within their 'Maternity Leave Policy'. One NHS Board included information about support available to staff within two policies i.e. breastfeeding-specific support and maternity leave policy, to ensure women have early access to information.

Two NHS Boards reported that the policy information within their NHS Board is communicated to women through HR support leaflets and signposting to the staff intranet. No other NHS Boards provided details of their staff communication mechanism.

One NHS Board did not provide any evidence within this data requirement.

## Summary of reported action

Whilst evidence of BFI accreditation was not reported to be an issue for any NHS Board area to submit, the lack of consistency in approach to reporting (i.e. specific hospital or community-based or Board-wide) creates a challenge in assessing how comprehensive these submissions are in regards to Board-wide coverage. This may mean that, although specific units within NHS Boards have BFI accreditation, other units within the same NHS Board may have none. In light of this, for year 2 evidence requirements NHS Boards should specify which maternity units and settings are represented within their submissions and which are not.

The greatest challenge for Action 18.3 appears to be providing and/or evidencing continuity of breastfeeding support from secondary to primary care. However, signposting data that was provided reflects an encouraging impression of practice to support this agenda. Therefore, evidence requirements on the proportion of women signposted to the community prior to discharge should be maintained for year 2 requirements. With so few NHS Boards submitting evidence on the number of women accessing community-based support, conclusions on the uptake cannot be drawn. Application of improvement methodologies may be helpful in order to support pathway implementation and identifying data-recording mechanisms supportive of available capacity and resources.

A mechanism within the pathway to feedback attrition rates to maternity services is a key component of this action and all pathways should include this for year 2 submissions, although more suitable attrition rates for this should be considered. Suggestions from NHS Boards included attrition rates i) prior to discharge and/or ii) at the health visitor's first visit. This depends on whether the emphasis is being made only on the hospital-based intervention or on wider maternity services (usually 10 days following discharge in the community).

UNICEF BFI standards have been revised since CEL (1) 2012 was published and NHS Boards should implement the new standards as per the BFI standards published in December 2012.

For all support on implementation of CEL (1) 2012, please contact the HPHS national support programme at NHS Health Scotland by emailing:  
**[nhs.HealthScotland-hphsadmin@nhs.net](mailto:nhs.HealthScotland-hphsadmin@nhs.net)**