

3.6 Breastfeeding Friendly Scotland in Aberdeen

Improvement Project Title: Breastfeeding Friendly Scotland in Aberdeen
Executive Sponsor (Chair of Outcome Improvement Group): Rob Polkinghorne, (ICS)
Project Lead: Nonye Agbaza- Health Improvement Officer -Food and Health (Aberdeen City Health and Social Care Partnership) Co- Lead : Emma Williams- Public Health Practitioner-Advanced (Public Health Directorate)
Aim statement: To increase the percentage of babies exclusively breastfed at 6-8 weeks to 41% by 2021.
Link to Local Outcome Improvement Plan: Stretch Outcome3: 95% of children (0-5) will reach their expected developmental milestones by the time of their child health reviews by 2026. 3.4 Improving health and inequalities AHSCP Strategic Plan 2019-2022 Prevention is one of the 5 key priorities of the AHSCP, where promoting positive health and wellbeing and reducing inequalities are key commitments. The target is “to reduce the health gap between people living in the most affluent and deprived areas by increasing the rate of improvement across a range of indicators for the most deprived communities. Priority area under this is to deliver health improvement actions for early years, children and young people, of which improving breastfeeding rates contributes.
Why is this important: Promoting and supporting breastfeeding is recognised as an important public health activity. There is established evidence demonstrating the short- and long-term health benefits of breastfeeding for both mothers and infants. According to a report by world Health Organisation (WHO), breastmilk contains unique properties that makes it a complete food for the baby, sustains optimal hydration, growth and development for the first six months of life. It is also established that breast milk confers a mother’s immunity to disease that infant formulas cannot provide, and therefore it is internationally and nationally recommended that every child should be exclusively breastfed for the first 6 months of life and additional nutritious food up to 2 years of age and beyond. There is growing evidence that breastfeeding reduces the risk of sudden infant death (SIDS) and provides some level of protection against childhood overweight and obesity and when aligned with other targeted nutrition interventions, breastfeeding is said to be a good strategy to reduce the risk of overweight and obesity in children. some other established benefits include:

Benefits of breastfeeding to the baby:

-Protection from several infectious diseases like diarrhoea, ear infections (otitis media) asthma, meningitis, necrotising enterocolitis, and urinary tract infections.

-Provides specific nutrition for proper growth (age-specific nutrients), cellular growth and differentiation

-Reduced risk for some food allergies, chronic disease and certain cancers
Promotes bonding with mother and development

Preliminary evidence supports that the increased amount of emotional contact i.e. touching, stroking associated with breastfeeding may affect the intellectual development of the child during the first year of life (Klaus, 1998).

Benefits of breastfeeding to mother:

-Reduced risk of ovarian and breast cancer, builds bone strength to protect against bone fractures in old age

-Uses fat stored during pregnancy, thus contributing to postpartum weight loss which improves self-esteem

- Increases the release of oxytocin, prolactin, and endorphin hormones in the mother leading to increased sense of maternal well-being and mothering behaviour

Benefits to family:

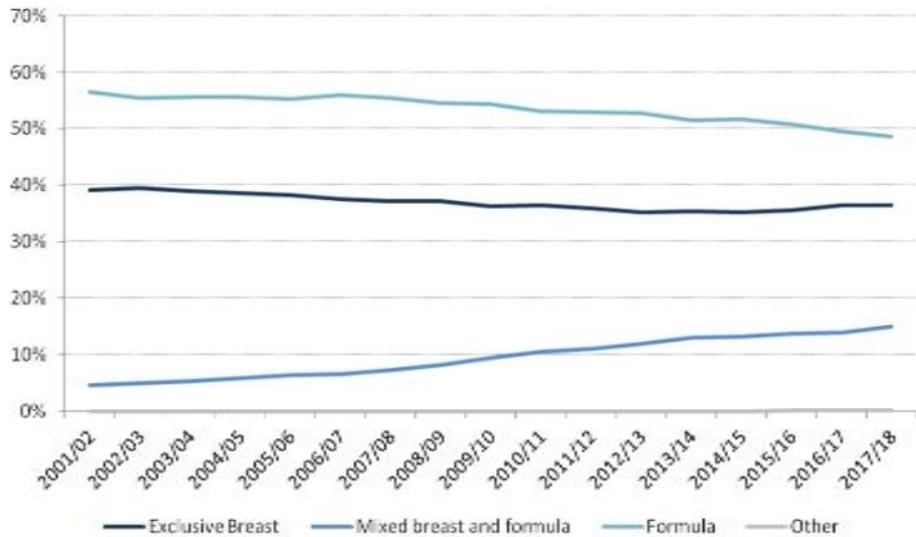
According to published report, families benefit socially and economically from choosing to breastfeed. They have fewer healthcare issues, cost savings from using formula and less missed time from work because of reduced baby illnesses.

Benefits to the Health care system (NHS):

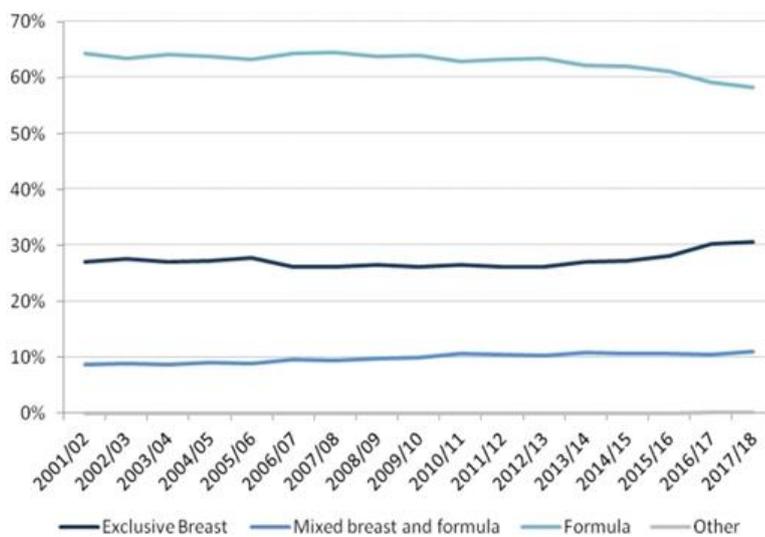
Breastfeeding is considered to be an economical way to improve health for baby and mother. According to a report by UNICEF Baby Friendly Initiative it is estimated that increased breastfeeding would reduce the number of hospital admissions and general practice visits saving the NHS £40 million. The report also estimated a further £17 million savings on treatment of childhood illnesses like respiratory infections, gut, ears and necrotising enterocolitis.

National breastfeeding rate at 6-8 weeks review:

Nationally there is a reduction in proportions of babies that were exclusively breastfed at the time of the initial visit (38.9%) that are still exclusively breastfed at the time of the 6-8 week review (29%) suggesting challenges prior to exclusive breastfeeding being established and maybe indicative of greater support for women at this stage.



Source: ISD Scotland, CHSP-PS August 2018



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Local breastfeeding rate at 6-8 weeks:

Based on the Scottish Index of Multiple Deprivation (**SIMD 2016**), which is a validated and widely used area-based measure of multiple deprivation derived from postcodes of where people live. SIMD was calculated using income, employment, housing, health, education, skills and training, and area-based access to services. Mothers are categorised into SIMD deciles – from 1 (those living in the 10% most deprived areas) to 5 (those living in the 10% least deprived areas).

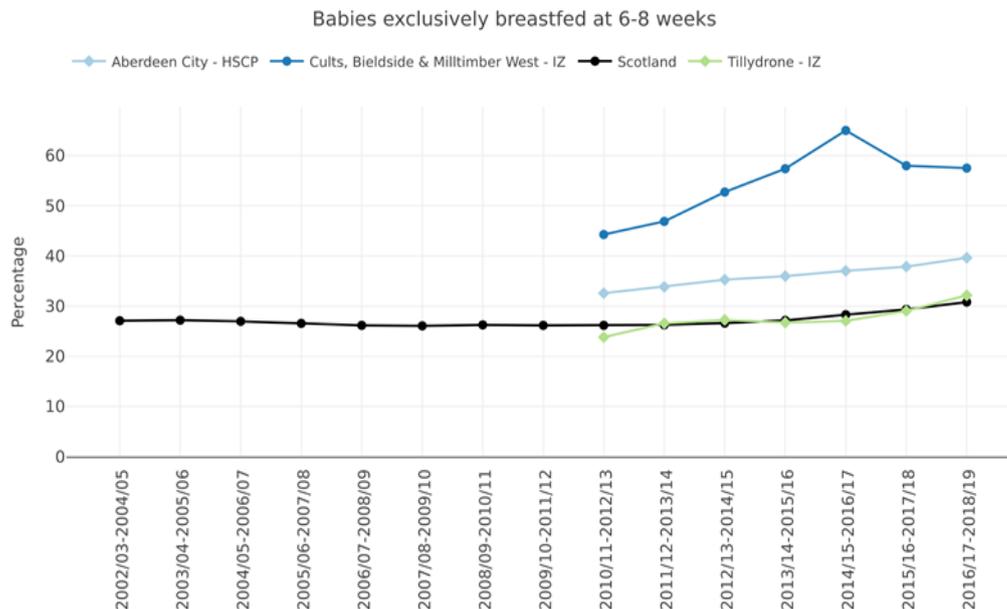


Figure above shows the proportion of all respondents who breastfed at 6-8 weeks in the last 9 years (2010-2019).

The trend in the data indicates that breastfeeding rates has increased with time, but with obvious disparities across the city.

-West of Aberdeen (57.5%)

-Aberdeen city (39.6%)

-Tillydrone (32%)

- Scotland 30.79%

There is a 25.5% gap in the number of babies who have been exclusively breastfed at 6-8 weeks between the west of Aberdeen compared to Tillydrone. (ScotPHO profiles)

This suggests that exposure to the range of risks in the early years that can have an impact on health throughout life is not evenly distributed across Aberdeen, which is indicative of a greater need for support for women in Tillydrone at this stage.

The Scottish Government launched a National Breastfeeding Friendly Scotland scheme in June 2019, yet to be fully piloted in Aberdeen city. However, Tillydrone Community Campus have requested to join a breast-feeding scheme in the city,

and this would provide opportunities to access views from women on breastfeeding.

We understand that 'breastfeeding experience' will be different for every mother /perceived differently within community at large. It is agreed within the team to engage closely with all groups working with mothers in the city i.e. health visitors, community midwives, peer supporters and family nurses with mothers in the city We have agreed that improving breastfeeding rates will be measured by implementing and tracking essential process metrics. We tested our data collection method/ measuring breastfeeding awareness in Tillydrone by launching the breastfeeding friendly Scotland scheme on the 11/02/20. We carried out a survey of current provisions and identified areas of unmet needs, barriers and challenges and established level of breastfeeding literacy amongst mothers, grandparents and partners.

Barriers and challenges:

1. Lack of continued and person-centred support
2. Breastfeeding literacy
3. Timely access to relevant support
4. Social and cultural barriers
5. Environmental barriers i.e. judgement around feeding in public

Current provisions/ unmet needs:

There is currently no peer support system in Tillydrone

Readiness for change:

Mothers and businesses surveyed showed willingness to engage.

In summary, the team focus is on implementing and tracking process metrics in relation to unmet needs and barriers.

Measures:

Outcome measures

- % of mothers feeling confident to breastfeed in public places
- % of mothers who feel supported to breastfeed at 6-8 weeks
- Increased rates of breastfeeding at 6-8weeks compared to baseline

Process measures

- Number of breastfeeding mothers who access the scheme
- Number of businesses in Tillydrone signed up to the scheme
- Number of local peer support volunteers recruited
- Number of mothers who access peer support

- Number of engagements with the breastfeeding literacy support

Change ideas:

- Businesses in Tillydrone sign up to BF Scotland
- Peer support groups (supporting new mums to learn to breastfeed supported by other mums and to increase confidence in breastfeeding in company/public)
- Test first time out (FTO) first public feed at Tillydrone community campus
- Introduce Breastfeeding literacy support/ e-learning including for dads
- Antenatal sessions at Tillydrone community campus (subject to consultations with community midwifery in lines with best start maternity)

Potential risks and/or barriers to success & actions to address these

1. **Impact of COVID-19** – Adapt some of our change ideas to be tested virtually for now.
2. **Low access to services**- we will work collaboratively with community midwives, GPs, Health visiting team, peer supporters, SHMU radio and other groups of mothers to ensure publicity so that mothers will receive person centred and targeted support.
3. **Challenges with public awareness of breastfeeding** - literacy sessions
4. **Lack of funding for activities**- audit of current funding streams
5. **Resource implications**- recruiting peer supporters to promote volunteering opportunities
6. **Understanding of project aims and processes within team might be limited due to time constraints and other commitments**- work on processes collaboratively and ensure effective communication
7. **Access to data:** use available resource where possible.

Project Team:

Nonye Agbaza – (Health Improvement Officer) [Project Manager]
Emma Williams – (Public health NHSG)
Jill Gibson- (Community Infant Feeding Coordinator)
Melissa Skene- (Student Health Visitor)
Madelene MacSween (Development manager Tillydrone Community Campus)
Louise Tough – (Tillydrone Community Campus Senior Library Assistant)
Jill Humphreys (community representative lighthouse support Centre)
Sarah Nale (Community mum)
Eleanor McEwan- Homestart
Susan Birnie – (Health visitor)

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ol style="list-style-type: none"> 1. Project team formed 2. Asset mapping/audit of groups supporting Breastfeeding in Tillydrone 3. Scooping exercise to gather baseline data 4. Draft charter developed 5. Charter submitted to CPA 	February 2020
Designing and Testing Changes (Project Score 4-7)	<ol style="list-style-type: none"> 1. Design and test breastfeeding friendly scheme in other businesses in Tillydrone. 2. Audit current baseline data 3. Test attitudes to breastfeeding in Tillydrone 4. Track measures 5. Identify current funding streams to provide resources/support to groups 6. Test uptake for peer support volunteer 7. Test breastfeeding literacy support 8. Design events for further change ideas 9. Draw timeline to conclude implementation of change ideas 	September 2020- April 2021
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<p>Change idea that has been tested will be implemented permanently in Tillydrone.</p> <ol style="list-style-type: none"> 1. Peer support groups 2. First time out (first feed) 3. Implement e-learning 	April 2021- September 2021

Spreading Changes (Project Score 9-10)	Test change ideas that has worked in Tillydrone in other deprived communities in Aberdeen. Recruit businesses to sign up to breastfeeding friendly Scotland scheme.	September 2021- December 2021
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