



Background

Sure Start is a government led initiative aimed at giving every child the best possible start in life and which offers a broad range of services focusing on Family Health, Early Years Care and Education and Improved Well Being Programmes to children aged four and under.

Community

Saol Ur Sure Start covers three wards in West Belfast – Whiterock, Upper Springfield and Falls Park. Our area is a densely populated urban area with high levels of deprivation. Many of the parents that we work with would be unemployed or defined as 'working poor'. There are high levels of disability, unemployment and mental and physical ill-health. The legacy of the conflict is still apparent in the poorer outcomes achieved by those most affected.

One aspect of Sure Start's work is support for women who wish to breastfeed. The evidence is clear that breastfeeding has physical and emotional benefits for both babies and mothers. ([Appendix 1](#)) Recently, there has also been renewed focus on baby brain development and attachment for all babies, whether breast or formula fed, and an acknowledgement that feeding babies is much more complex than simply delivering nutrition. ([Appendix 2](#))

Information Gathering

According to NIMATS statistics, there are around 250 babies born each year to mothers living in our area. However we are only reaching a fraction of these. We receive very few referrals from community midwives and GPs, and rely mostly on word of mouth for referrals. In addition, many local women work until their pregnancy is well advanced, making it more challenging to build a relationship with them antenatally. Things have improved recently, with some women being referred by hospital midwives following their booking appointment. This should improve further in future as a Sure Start question is due to be added to the NIMATS system (the Trust maternity services database).

Of the small number of women that we do reach, very few choose to breastfeed. There are strong intergenerational factors in play, with most grandmothers and great-grandmothers in our community having bottle fed. Many local people indicate they believe that breastfeeding is embarrassing or disgusting.

What Happened?

In Saol Ur Sure Start, we spoke to mothers who were using our services, in an attempt to understand their motivations, and how we could reconfigure our services to make them more effective. We also reviewed the evidence about what works, particularly in under-resourced communities. As a result we made some changes to our breastfeeding support services:

- We have committed ourselves to achieving the UNICEF Baby Friendly Initiative award. This commits us to changing our policies and practices, and ensuring that all our staff have appropriate training on breastfeeding support.
- Through our local integrated partnership, we have asked community partners to sign up to the Breastfeeding Welcome scheme coordinated by the Public Health Agency
- We have committed to upholding the WHO Code on the marketing of baby milks and related products



- We offer a range of support options:
 - Peer support from Mums who have breastfed and who have undergone training through the HSC
 - Support from the Sure Start midwife
 - Specialist support when needed from the Trust breastfeeding lead

Learning

Following the first few months, it became apparent that there is a gap in statutory services in terms of women being unable to easily access specialist support. The Trust breastfeeding specialist (a senior midwife who has additional training and experience) is knowledgeable, supportive and helpful, but is hospital-based and only available during traditional office hours.

This means that many local breastfeeding mothers were unable to access appropriate help for issues that are beyond the expertise of our midwife. These mothers therefore moved to formula feeding.

Change

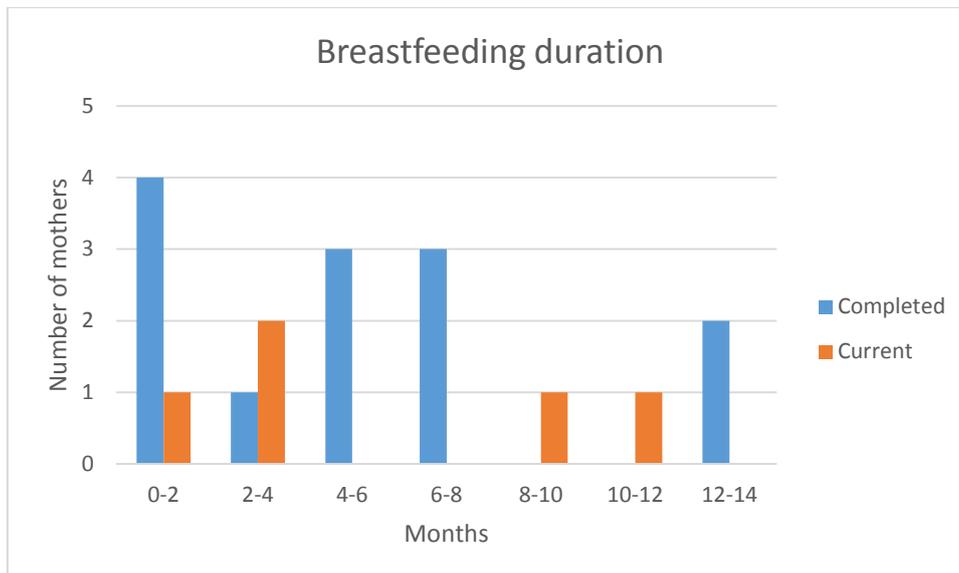
As a result of this learning, we have now introduced two new services:

- We have recruited specialist workers from the voluntary sector on a consultancy basis. One is a NCT Breastfeeding Counsellor (2 years study at university to achieve this qualification) and the other is an IBLCE Lactation Consultant (Masters level study). They are highly skilled and knowledgeable, and they support local mothers via home visits as well as at our breastfeeding group. They also meet mothers antenatally to build a relationship with them. The Sure Start midwife refers mothers to this service when appropriate. The number of contacts varies. From one antenatal visit to 3 or 4 postnatal visits, plus the group.
- We have also recruited a Maternity Support Worker who works closely with the Sure Start midwife to support women who are experiencing more straightforward challenges.

We believe that this has led to local women breastfeeding for much longer than they would have done. It is difficult to quantify as the actual numbers are low but we know that Whiterock ward has the lowest rate of breastfeeding in NI (13.5% on discharge from hospital) with Upper Springfield ward the third lowest (16%). The NI average is 45.1% (2013 figures). (Further statistics are shared in [Appendix 3](#))

We also know that mothers from the lowest social groups are likely to feed for the shortest duration, with their babies therefore missing out on the additional benefits from feeding for four months, six months, a year or beyond.

Our records indicate that, of the 18 mothers we have worked with since starting the scheme, only four stopped breastfeeding in the first two weeks. Seven fed beyond the recommended minimum of six months, and five are currently still feeding their babies.



We believe that providing the right support in the early weeks and months has enabled these mothers to overcome the early hurdles and feed their babies for as long as they wish to.

Sharing

We have not yet shared this work with commissioners and others, but we believe it is a promising model. When we have collected more data, we intend to share this with the Public Health Agency and the NI Breastfeeding Strategy implementation group.

Appendix 1- breastfeeding

Public Health Agency NI summarises the main benefits of breastfeeding on their [website](#) as follows:

Benefits for Baby

Specific health benefits for your baby include less risk of:

- diarrhoea, tummy upsets and gastroenteritis
- coughs and colds
- ear and chest infections
- urine infections
- allergies, asthma and eczema
- childhood diabetes

Breastfed babies also have better mental development than babies fed on formula milk. Research into the benefits of breastfeeding is continuing, but some studies have suggested that breastfeeding may even continue to protect children's health when they grow up, making them less prone to conditions such as obesity, high blood pressure and heart disease.

Benefits for Mum

Breastfeeding mums get health benefits too. You'll have less risk of:

- breast cancer
- ovarian cancer
- osteoporosis (bone thinning)
- Plus, breastfeeding also helps you to get back to your pre-pregnancy weight more easily.

There are other benefits as well as those to your health though. Breastfeeding is free – you don't have to buy formula, bottles, teats, sterilising equipment etc. Breastmilk is always available, with the right ingredients, at the right temperature, so it's easier to feed at night or on the go. Above all, it gives you a huge sense of achievement, seeing your baby grow and develop well, and knowing it's all your own work!

Benefits for everyone

We all benefit from breastfeeding. Breastfed babies are healthier, making fewer demands on the health service, so we all pay less tax. Parents of healthy children also take less time off work, saving employers money and making family life less stressful. Breastfeeding is environmentally friendly – there's no manufacturing, pollution, packaging or waste involved.

Breastfeeding and deprivation

Formula feeding is more common in low-income communities, and younger, poorer mothers are the least likely to breastfeed. One specific study focused on the impact of breastfeeding on children from a range of socio-economic backgrounds. It found that a breastfed baby from the lowest socio-economic group enjoys **better health** than a formula-fed baby from the highest socio-economic group.

Breastfeeding and Health Inequalities



- Breastfed baby (Social class 5)
- is more healthy than
- Bottle-fed baby (Social class 1)

*Dundee Infant Feeding Study
Seven year follow-up, 1998*



(Reported by Janet Calvert, Infant Feeding Lead, PHA)

Appendix 2 – Infant mental health

The *NI Infant Mental Health Framework and Action Plan 2014-2017* (Public Health Agency) focuses on early secure attachment between an infant and a primary caregiver. The document states:

Protecting and nurturing mental health in childhood contributes to productive social relationships, effective learning, and good physical health throughout life.

Becoming a parent and having a newborn is both fulfilling and challenging as new roles and responsibilities emerge within the family. For those facing adversities such as very premature births, domestic violence, mental health problems or drugs and alcohol misuse and for those who themselves had very difficult starts to their own lives and/or are also living in difficult social and economic circumstances, these challenges can be even more considerable.

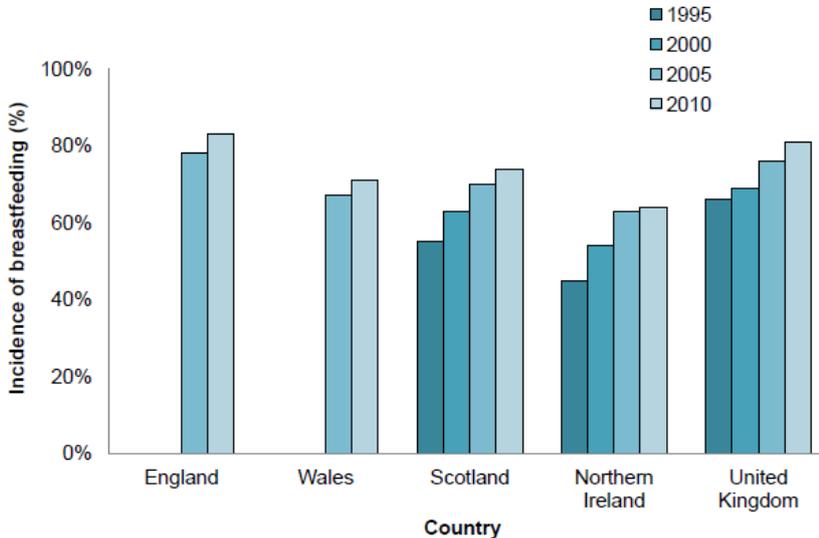
When secure attachments are not established early in life children can be at greater risk of a number of detrimental outcomes, including poor physical and mental health, relationship problems, low educational attainment, emotional difficulties and conduct disorders.

A large body of evidence demonstrates pronounced adverse experiences in infancy, including repeated exposure to neglect, chronic stress, and abuse, can be harmful. Such experiences may disrupt brain development and lead to emotional problems and potential life-long difficulties with self-control, engagement in high-risk health behaviours, aggressive behaviour, lack of empathy, physical and mental ill-health and increased risk of later self-harm or suicide. As well as the human cost there are increased economic costs to society in terms of healthcare, child welfare, education, unemployment, policing, juvenile justice and prisons. (It should also be recognised that for some people their mental health conditions are not in any way related to early childhood experiences.)

In contrast to this, warm, consistent, positive, and engaged parenting in a safe and secure environment enables the infant to grow into a child and adult who is more likely to have high self-esteem; strong psychological resilience, empathy and trust; the ability to learn; and reduced risk of adopting unhealthy lifestyle choices.

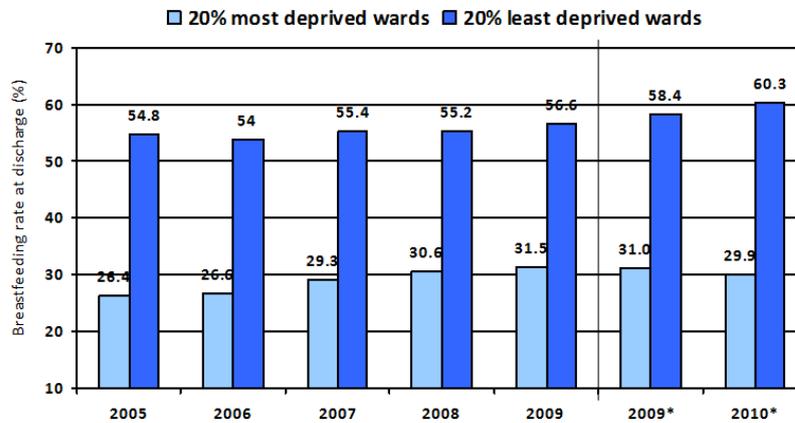
Appendix 3 - Breastfeeding statistics

Incidence of breastfeeding by country (1995 to 2010)



Base: All Stage 1 mothers in the UK 2010 (15724), 2005 (12290), 2000 (9492), 1995 (9130)

Breastfeeding rates at discharge for the 20% most deprived wards compared to the 20% least deprived, 2005-2010



* calculated using 2010 MDM; other years calculated using 2005 MDM

% babies breastfed on discharge from hospital

