

<i>item:</i>	10
<i>report:</i>	CYP23/06

INFANT FEEDING STRATEGY CONSULTATION

By Sandra Harrington

Summary

This report proposes a response to recommendations included within the Scottish Executive consultative report: 'Infant Feeding Strategy for Scotland'.

1 Introduction

- 1.1 During the last decade, there have been concerted efforts by a wide range of agencies and individuals in Scotland to raise awareness of the importance of breastfeeding and appropriate infant feeding, and to increase successful uptake. There have been some notable successes, including:
- In 1996 only one NHS Board in Scotland had a breastfeeding strategy, in 2005 only one did not.
 - In 1993 there were four breastfeeding support groups - there were 150 in 2005.
 - The Breastfeeding (Scotland) Act of 1995, supported by the Scottish Executive, sets out in legislation the importance of breastfeeding support in encouraging women.
- 1.2 These facts are significant but the view has long been held that a national framework needs to be in place to ensure that this important public health issue receives the attention that it deserves. Members of an expert group have been working with the Scottish Executive over a long period to help shape thinking, and their views have informed the draft strategy.
- 1.3 Within For Highland's Children 2, are detailed a number of activities that reflect this approach. The proposed response reflect the views, ideas and comments from colleagues across integrated children's service's in Highland, across the statutory and voluntary sector'.

2 The draft strategy

- 2.1 Healthy eating is acknowledged as an important factor in health improvement throughout life. The Infant Feeding Strategy for Scotland aims to ensure that healthy eating behaviours are developed from the birth.
- 2.2 Breastfeeding plays a key role in ensuring optimal infant nutrition, growth and development and provides an important foundation for future health. Globally, breastfeeding has been identified as the most important health intervention in improving child health.

- 2.3 Breastfeeding is therefore likely to be a key health intervention to reduce health inequalities. There is a growing recognition of the benefits of breastfeeding for both mother and child and a universal acceptance that it provides optimal nutrition for infants as it is tailored to their individual needs. The Scottish Executive supports this view and has worked with NHS Scotland to ensure that support and encouragement for breastfeeding are available in health services across the country.
- 2.4 An unhealthy diet contributes to poor health in the form of heart disease, diabetes, obesity and other life-limiting diseases. These in turn impact negatively on our ability to contribute to and enjoy work, recreation, family and social life. Evidence is now emerging that diet plays a role in children and young people's behaviour and is therefore an important consideration for schools.
- 2.5 Breastfeeding has to be considered as the optimal way of kick-starting good health in infants and fostering positive eating behaviours for the future. However, it needs to be viewed in the wider context of eating behaviours throughout life. Optimal infant health and nutrition begin with good maternal nutrition, particularly during pregnancy. The diet and lifestyle of pregnant women impact upon foetal health and well-being, influencing foetal growth. The effects of maternal nutrition also continue after birth, into early infancy, childhood and throughout life. There are some women who cannot, or choose not to, breastfeed and it is important that we support them to make the best choices for their child and minimise the risks of formula feeding. Finally, it is important that we support timely and appropriate weaning practices.
- 2.6 Accordingly, the Scottish Executive is committed to developing an Infant Feeding Strategy for Scotland. This will not be just for the NHS but an Infant Feeding Strategy that brings together health, education, business, the media, the voluntary sector, communities and the public to improve the health of our children. Parents will not be free to make informed choices without co-ordinated support from a range of agencies who have differing and complementary roles.
- 2.7 The consultation paper will help develop a strategy and will form the basis of the final document. It sets out why it is important to focus on the early years, gives examples of actions and successes so far, summarises the policy context for taking forward this work and points to the direction in which we feel we should be progressing to improve infant health through maternal and infant diet.
- 2.8 The consultation paper is available at:
<http://www.scotland.gov.uk/Publications/2006/04/03092034/0>
- 2.9 The proposed response is attached as an appendix.

Recommendation

The Joint Committee is asked to agree the proposed response to the Infant Feeding Strategy for Scotland.

Sandra Harrington

Early Years Development Officer

Appendix

Recommendations: National Infrastructure

Scotland already has an existing infrastructure to support breastfeeding. It is important that we ensure these systems are fit for purpose and include all aspects of infant feeding. Our health care systems deliver high quality support to families and we need to ensure that this continues. However, there is a growing need to challenge public perceptions which will only be achieved with multi-agency effort. As such we recommend that:

Recommendation 1:

It is recommended that the role of National Breastfeeding Adviser is reviewed to fit the changed environment. This post could be less clinically driven and more strategic than the traditional NBA role. Their remit could be to advise the Scottish Executive and ensure that infant feeding is reflected in all relevant policy and publications; to develop networks and external infrastructures to support infant feeding across a range of bodies, with a particular focus on the non-health sector; to develop and deliver a yearly work-plan for national activity to support infant feeding, from maternal nutrition through to weaning, and to chair the new National Infant Feeding Advisory Group (see below).

Q1	Do you agree with the recommendations concerning the possible new role and work of the National Breastfeeding Adviser? Are there other areas that you think their work should cover?
✓	Agree with recommendation.
	<p>We welcome a less clinical and more strategic role for the National Breastfeeding Adviser to ensure their remit influences policy and practice. However, there still needs to be strong links with practitioners to maintain credibility.</p> <p>We also welcome the broader view of infant feeding to encompass maternal nutrition and weaning. The scope for this strategy could also include pre-conceptual health, oral health and early year's nutrition. The role should include communication with the food industry and food suppliers and should address early year's settings and community initiatives.</p> <p>It would also mean that the title would not be a National Breastfeeding Adviser but a National Infant Feeding Adviser/ Co-ordinator.</p>

Recommendation 2:

It is recommended that the Scottish Breastfeeding Group is re-launched as the National Infant Feeding Advisory Group to work with the National Infant Feeding Co-ordinator to advise on national policy and resource development. Its remit could be to develop a 5 year action plan and from this a yearly work-plan, agreed across agencies. It would appoint and monitor working groups as necessary; ensure ongoing dialogue with the Scottish Infant Feeding Adviser Network; support the development of local multi-agency infant feeding networks and local integrated infant feeding plans; improve and facilitate communication between agencies and individuals, and ensure appropriate involvement of service users.

Q2	Do you agree with the proposed role and work of the National Infant Feeding Advisory Group? Are there other areas that you think they should cover?
✓	Agree with recommendation.
	<p>It is important that the National Infant feeding Co-ordinator is supported within the National Feeding Advisory Group particularly with the broader remit as suggested.</p> <p>Other areas that they could cover are pre-term infants and nutrition up to pre-school.</p> <p>The post holder will require a high level of clinical credibility in the field of infant feeding as well as a background in Public Health or Health Promotion perspectives. To achieve all of this the importance of the post should be reflected in it being a full time, substantive post with suitable pay banding. The post holder must also have access to adequate funding and resources to ensure success and they should be able to influence national funding streams.</p>

Recommendation 3:

It is recommended that individuals are appointed to the National Infant Feeding Advisory Group who are impartial and represent others in their field. They should be leaders and influencers in their field, and link into appropriate networks. They should be able to both collate and disseminate information relating to policy, performance, best practice and research, and have communication skills which allow them to stimulate debate about, and raise the profile, of infant feeding.

Q3	Do you agree with recommendations concerning National Infant Feeding Advisory Group membership? Are there other skills or attributes that members should have?
✓	Agree with recommendation.
	Members need to be credible and have the expertise to deliver at both national and local level.

Recommendation 4:

It is recommended that the Scottish Infant Feeding Adviser Network continues as a health-focused sub-group of the National Infant Feeding Advisory Group and the Breastfeeding Expert Group continues as a research-focused sub-group.

Q4	Do you agree with the proposed roles of the Scottish Feeding Adviser Network and the Breastfeeding Expert Group?
✓	Agree with recommendation.
	However this caused much debate on the actual role and membership of SIFAN. The existing Breastfeeding Expert Group does not address all the elements of infant feeding and needs to be broader. There also appears to be a gap in getting the evidence out to support or alter clinical practice.

Recommendation 5:

It is recommended that national and local breastfeeding targets are agreed, from the five-year plan, and a tool developed for monitoring their progress. These targets should consider the particular needs of vulnerable groups – including those experiencing social deprivation, minority ethnic mothers and older mothers.

Q5	Is this an appropriate way to develop national and local targets? Do other groups need to be considered in setting such targets?
	<p>National and local targets are very helpful but must be realistic and reflect local health indicators. Some areas may never achieve national targets but sustained and steady increases may be just as important.</p> <p>Targets can be set at a CHP level within local plans and this would reflect the variations in terms of vulnerability, which may vary greatly across areas. We would welcome guidance on setting appropriate targets and indicators relevant to particular needs of vulnerable groups including younger mothers, rather than older ones.</p>

Recommendation 6:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group works with Learning Teaching Scotland and others to develop multi-sectoral training packages for all early years staff concerning infant feeding. It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group work with the Scottish Qualifications Authority to consider how issues around breastfeeding and infant feeding are incorporated into national curricula in subjects such as English, Modern Studies, General Science, Domestic/Environmental Science. Other opportunities to raise awareness of infant-feeding issues within schools should also be considered.

Q6	Do you agree that multi-sectoral training for early year's staff should be developed? Are there other partners that need to be included in its development and implementation? Should issues around breastfeeding and infant feeding be incorporated into national curricula? What other ways could breastfeeding and infant feeding be incorporated into the national curriculum? Do other agencies need to be involved?
	<p>We agree the need for standardised multi-sectoral training packages around infant feeding for early year's staff to support them in their role, particularly in respect to meeting requirements and targets outlined in Hall 4 and the Integrated Children's Plan.</p> <p>Infant feeding needs to be on everyone's agenda including incorporating it into the national curriculum for children and meeting requirements outlined in the Health Promoting Schools Implementation Plan. This should not be just in realising breastfeeding targets, which are important but also the broader elements of infant feeding to address the rise in obesity and poor dental health. Therefore it is important to include local authority staff and the voluntary sector who play a huge part in supporting families.</p>

Recommendation 7:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group work with NHS Education for Scotland to ensure core curricula for health professionals that include infant feeding particularly frontline health staff, GPs and pharmacists.

Q7	Are there other staff that should be involved in such training? Are there other agencies that need to be involved?
✓	Agree with recommendation.
	Other staff and agencies that should be included are: dieticians, voluntary organisations, community development workers, and dental and oral health staff. Pre-registration students from all disciplines already mentioned.

Recommendation 8:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group consider findings of the UK-wide Infant Feeding Survey, and identify priority areas for action and possible research gaps.

Q8	Is this an important source of information, and are there other data sources that you consider especially valuable?
✓	Agree with recommendation.
	<p>However, statistics for Scotland are very different from the rest of the UK in terms of improvements in breastfeeding rates, we are improving because of our commitment to the WHO/UNICEF Baby Friendly Initiative.</p> <p>The other ways that can give more specific local data are through the Blood Spot screening and Child Health Surveillance System. However, it is important to consider how the broader elements of infant feeding are to be monitored in terms of weaning data and oral health which would give us even better data on the health of Scotland's children.</p>

Recommendation 9:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group work with local groups and business interests to consider options to support breastfeeding in public, including support of Breastfeeding (Scotland) Act and participation in Breastfeeding Welcome/Healthy Choice Schemes.

Q9	Are there other groups that should be involved in developing such action? Are there any examples of good practice that you are aware of?
✓	Agree with recommendation.
	<p>We were unsure how these groups would engage locally. It will ultimately be down to each area to decide how best to achieve this through existing networks and action plans, although supported by the Scottish Executive and NIFAG.</p> <p>Other groups that should be involved with developing local action plans around supporting breastfeeding in public should include: local businesses, local authority (childcare and early education) and voluntary staff. This could</p>

	be achieved through multi-agency training, being part of the local Infant Feeding Strategy Group and through the SHAW/Healthy working lives agendas.
--	--

Recommendation 10:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group work with Local Authorities to consider options to support breastfeeding in public, with particular reference to licensing and planning of public spaces.

Q10	Do you have any ideas about how this would be achieved? Are there any examples of good practice that you are aware of?
✓	Agree with recommendation.
	<p>Although again it should not just focus on breastfeeding as the Breastfeeding (Scotland) Act supports any baby being fed milk in public, breast or bottle. Therefore licensing and planning needs to consider all infants needs however they are fed.</p> <p>Highland is engaging with the local authority around planning for a less obesogenic environment.</p>

Recommendation 11:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group work with UNICEF Baby Friendly Initiative to promote maternity unit, community and educational awards.

Q11	Are there other ways that maternity units, community settings and educational establishments can encourage breastfeeding and infant feeding awareness? Are there other potential partners?
✓	Agree in principle with the recommendation
	<p>However, this approach can have a clinical emphasis that may deter community and educational settings from adopting it. It may be better to consider a community development and empowerment approach. In communities the Local Authority and voluntary sector are both key partners.</p> <p>What ever the choice the resources will need to be there to support any development as having just been through the UNICEF BFI process and Raigmore Hospital just having gained the Award, we understand the huge financial and staffing implications that this required. These resources need to be ongoing to maintain the award with a dedicated lead for infant feeding identified. This would also need to be addressed within the CHP's.</p>

Recommendation 12:

It is recommended that the Scottish Executive and the National Infant Feeding Advisory Group consider the role of the voluntary sector in supporting appropriate infant feeding.

Q12	How can the voluntary sector support appropriate infant feeding. Are there any examples of good practice that you are aware of?
✓	Agree with recommendation
	<p>The voluntary sector plays a huge role in supporting families around infant feeding and nutrition. They should also recognise the very important role that peer support has particularly when considering support for vulnerable groups.</p> <p>Locally these include Sure start funding to support local initiatives for the under fours (including nutrition), Homestart, Forward with Families and NCT breastfeeding counsellors. National support is available through NCT/NHS Connect training, The Breastfeeding Network and La Leche League.</p>

Recommendations: Local Infrastructure

We need to continue the excellent work that is already happening at a local level. To deliver change it is important to strengthen local infrastructures through involving key influencers in integrated action. Community Planning systems already exist across Scotland which bring together NHS Boards, local authorities, businesses, the voluntary sector and service users. These systems should be better utilised.

Recommendation 13:

It is recommended that multi-agency Local Infant Feeding Groups are established to reflect interests within community planning partnerships, work across agencies and lead by example. They would feedback to the National Infant Feeding Strategy Group on local issues requiring national action and support. They would foster good interagency relationships and set local priorities.

Q13	Do you think this is the way to ensure local multi-agency action? What sort of agencies should be included? Are these the right remits?
✓	Agree with recommendation
	<p>Local groups should feed into the National Infant Feeding Strategy Group to ensure national support for local actions.</p> <p>We have ensured that our local Infant Feeding Groups have multi-agency membership and also CHP representation. Should also include early years providers, Housing, Women's Aid – anyone whose organisation comes into contact with pregnant women and families.</p>

Recommendation 14:

It is recommended that the multi-agency Local Infant Feeding Groups ensure infant feeding priorities are reflected in local plans, including Children's Services Plans, Joint Health Improvement Plans and oversee effective use of local resources through Community Planning Partnerships.

Q14	How would this work in practice? Do you see any barriers? Are there other interagency plans that should be included?
------------	---

✓	Agree with recommendation
	Other local plans include: Health Promoting Schools; Obesity prevention; and Inequalities Strategies. Again engagement with CHP's is essential and CHP's may also require local Infant Feeding leadership. Some plans need to be broadened as they may only focus on breastfeeding.

Recommendations: NHS Boards

Although we need multi-agency action to drive forward the infant feeding agenda, the majority of direct support for pregnant women and new mothers will come directly from NHS Boards and it is important that their expected role is clear.

Recommendation 15:

It is recommended that all women have a named midwife in the antenatal period and that every pregnant woman and new mother receives copies of Ready, Steady, Baby; Off to a Good Start and Breastfeeding and Returning to work. All women should have the opportunity to speak to a health professional about nutritional guidance and infant feeding - antenatally and postnatally.

Q15	How do we ensure that these publications are appropriately used? Is this a useful way to ensure the uptake of appropriate infant feeding?
✓	Agree with recommendation
	All women in Highland have a named midwife for community care.
	The development of 'Highlands Information Trail' will ensure that consistent and high quality advice and information is given to all pregnant women at appropriate times and includes all of the mentioned publications and guidance. The Trail was commended at a recent QIS visit. Workforce development around behaviour change can assist in ensuring staff feel engaged.

Recommendation 16:

It is recommended that NHS Parent Education Programmes include information and advice on infant feeding and nutrition during pregnancy. Boards should encourage women to join breastfeeding support groups in the antenatal period.

Q16	Do you think that these are good ways to pass on information? Are there other similar structures that could be considered? Do they meet the needs of all parents? Will women join local breastfeeding groups? What can ensure good uptake?
✓	Agree with recommendation
	Parent Education programmes include information on infant feeding and nutrition in pregnancy and this can be maximised by using Ready, Steady, Baby as a resource. It would be the role of the CHP's and SSU to develop programmes and encourage women to join breastfeeding support groups rather than the Boards

	<p>responsibility, although they can support the process. However, not all women will attend support groups particularly those who are more vulnerable or disadvantaged. For these families one-to-one support would need to be considered or the use of a buddy or indeed peer supporter. This may also be the case for women who live in remote and rural areas where there may not be the numbers to make up groups.</p> <p>The value of antenatal women actually witnessing breastfeeding first hand and being able to ask questions about it can not be overstated.</p> <p>Again the focus tends to be on breastfeeding and consideration should be given to postnatal groups that can address all aspects of infant feeding, including advice on weaning. This may attract greater participation as it would not exclude women who were not breastfeeding.</p> <p>Women led groups should be highly recommended and staff trained in appropriate skills to facilitate this.</p>
--	---

Recommendation 17:

It is recommended that all NHS Boards develop and implement strategies for supporting breastfeeding including considering the implications for staff training and support. All NHS Boards should have a named lead for Infant Feeding co-ordination. Health professionals should support the formation and continuation of breastfeeding and peer support groups and keep up-to-date contacts.

Q17	What sort of NHS staff are the most important to be trained? Is an Infant Feeding lead an important role for NHS Boards? What do you feel should be their remit? How can health professionals' best support local breastfeeding and peer support groups?
✓	Agree with recommendation
	<p>All NHS Boards should have a named lead for Infant Feeding co-ordination to provide strategic leadership, co-ordination of networks, development of training strategies and supporting changes in culture and practice.</p> <p>Training should be available for all staff that come into contact with pregnant mothers and babies, as per UNICEF recommendations. This has been achieved in Raigmore and a key role lies with the CHP's and Public Health leads to role this out wider across NHS Highland.</p> <p>Training packs have been developed around breastfeeding support in NHS Highland and sent out to all GP's. Sessions have been organised during 'Protected Learning days' by some CHP's around breastfeeding.</p>

Recommendation 18:

It is recommended that all NHS Boards adopt the principles of the UNICEF UK Baby Friendly Community Initiative and that all Maternity Units work toward the UNICEF Baby Friendly Initiative 10 steps. It is recommended that all women are respected and supported regardless of their choice of infant feeding.

Q18	Do you consider that these important principles and markers encourage appropriate infant feeding? What do they mean in practice?
------------	---

✓	Agree with recommendation
	Adopting the principles of UNICEF are key to implementing best practice but there does need to be further recognition of the role that we have in supporting all mothers around infant feeding in it's broader context with a Public Health/Health Improvement focus.

Recommendations: Final Comments

The sections above have set out a range of questions which we hope have prompted you to think about what a Scottish Infant Feeding Strategy would be like and how it would be implemented. It has set out ways to ensure an integrated multi-agency approach to support infant feeding and has indicated ways to measure success and suggested structures that would be needed to ensure that infant feeding becomes an even more accepted and adhered-to practice for mothers across Scotland. We hope that this has been an informative and inspiring read, and we would very much appreciate your comments on these questions as well as to the following:

Q19	Did you find the document helpful? Did you like the format? Was it easy to read? Are there other areas that should be included?
	<p>We were a bit disappointed that although the strategy frequently mentioned infant feeding generally, it was very much weighted towards breastfeeding. Seeing as we already have a wealth of information around breastfeeding we were hoping for more direction particularly as we are in the process of developing our local strategy.</p> <p>This consultation document did not really provide us with any further guidance and in fact we had considered the broader remit of an Infant feeding strategy more widely than this consultation document had. We were pleased that we had already formulated our Infant Feeding strategy Group and begun putting together our local work and not waited.</p> <p>It was useful to get some background into the proposed changes to the National Adviser's role and recognise and support the need for this to develop. Some of the differing titles were rather confusing as was the general layout of the document which jumped about and didn't really tell us what we needed to know – what the strategy was.</p> <p>Other comments included:</p> <ul style="list-style-type: none"> • Some of the questions asked following the recommendation statements did not actually support or resemble the recommendation which was unhelpful. • There seemed to be a lack of embedding the necessary links between Boards and CHP's which would have been useful. • There doesn't seem to be a clear role for the NIFAG in influencing national policy. For example, legislation to support breastfeeding, an increase in maternity leave for breastfeeding mothers, stopping whey based formulas, would all have more impact. • Need to think wider than breastfeeding in public and more about infant feeding in public. How many places will heat bottles but frown upon

	<p>breastfeeding? What about provision of suitable and healthy food for infants and children.</p>
--	---

- There is a need to include obesity as part of maternal nutrition and education. Also to identify obesity in the early years when parents have some control over infants diets.