Halton Infant Feeding Strategy

2016-2019

Foreword

Welcome to the infant feeding strategy for Halton. Our vision is to create a culture and commission services that support families and carers to make healthy choices when feeding their young child. We know that what a baby eats can influence not only how they grow and develop when they are young, but also throughout their childhood and into adulthood. Evidence suggests that a child from a low-income background who is breastfed is likely to have better health outcomes in the early years, than a child from a more affluent background who is formula-fed, enabling them to leapfrog over some of the disadvantages that come with poverty.

There are some things we know will improve infant health; such as supporting mothers to breastfeed, families introducing solid foods when their baby is around six months old, and providing young children with a balanced diet. We also know that parents with young families have a lot to juggle. There can be lots of people giving advice on how to bring up your child and we aim to help families get the right advice and support at the right time.

This strategy builds upon the excellent and effective work that is already underway in health and community services. The strategy outlines the work we will do in partnership to support young families to understand how to help their young baby to thrive and grow, and how this will support them throughout their life to be healthy, do well in school and fulfil their potential.

Eileen O’Meara, Director of Public Health, Halton Borough Council

We fully support the introduction of this new infant feeding strategy for Halton. We all know how important a nutritious diet is throughout life but especially in the early years. This is why it is important that the strategy recognises the importance of

offering timely information and advice. We know however, that managing the demands of a young family can often be difficult, so it is encouraging to see that the strategy also emphasises the importance of supporting families to make healthier choices. By working in partnership across local agencies and with the local community we hope we can make a real difference to improve the life chances of Halton children.

Cllr Marie Wright, Halton Borough Council's portfolio holder for Health and Wellbeing

Cllr Ged Philbin, Halton Borough Council’s portfolio holder for Children, young people and families

I welcome the Halton infant feeding strategy, and look forward to working together with partners across agencies to deliver against these actions. Having worked as a Health Visitor for much of my career I know how important early nutrition is in forming a strong foundation for the child's health and wellbeing. As the clinical lead for children in Halton CCG I know we have children seeing their GP or attending hospital for preventable conditions which relate to diet or problems with feeding, such as gastroenteritis or constipation and I believe that this strategy can help to keep children well and out of hospital.

We are proud that having worked together Bridgewater Community NHS Foundation Trust, Halton and St Helens division have achieved full Unicef Baby Friendly accreditation. This accolade is awarded where services have a holistic approach to supporting mothers to establish breastfeeding. We look forward to maintaining the standard in our health services and expanding the good work into community settings.

This strategy sets out our ambition to get it right for the children of Halton and consolidates work that is already underway to create a culture of breastfeeding; whereby women believe breastfeeding to be the normal way to feed their child. Delaying weaning until the child is around 6 months and understanding how to go about that process are important for the families of Halton to adopt. I look forward to GP's, health visitors, children's centres and health improvement staff working together to provide a package of care for local families

Gill Frame, Registered Health Visitor and Children's Clinical Lead, Halton CCG

Executive summary

How a child is fed in their first year of life leaves a lasting impact throughout their life. Good nutrition enables optimal growth to be achieved, allowing a child's body and brain to grow, building important physical functions such as neuro-connections in the brain and the immune system. An infant's diet influences their future ability to self-regulate their appetite, their likelihood of becoming obese, and their subsequent risk of developing conditions such as diabetes and heart disease. Their susceptibility to conditions, such as gastroenteritis and constipation are also influence by their diet.

This strategy outlines Halton's approach to infant feeding over the next 4 years. The period of infancy is from the birth of the child until their first birthday. The strategy aims to create a culture and services that support families and carers within the borough to make informed healthy choices when feeding their child, to ensure the best possible health and wellbeing outcomes are achieved.

In order to optimise the health of the population of Halton this strategy aims to achieve the following outcomes:

1. Create a culture of breastfeeding in Halton so that the number of infants who are breastfed and the duration of breastfeeding increase.
2. Increase the number of infants who are introduced to solid foods at or around 6 months of age.
3. Increase the awareness of parents and the general population of healthy feeding practices for infants; and change behaviour accordingly.

In recent years there has been a slow increase in the number of women who breastfeed in Halton but there is still a long way to go to catch up with the rest of England. Similarly the rates of obesity remain a priority for Halton, while childhood obesity rates have improved for year 6 children, reception age children remain higher than the England average.

A detailed action plan underpins how this vision will be achieved.

The main recommendations are

1) For health and social care organisations and leaders to prioritise infant nutrition, and the prevention of obesity.

2) Critical to the success of this strategy is partnership working across health and social care, and between community and hospital settings.

3) Continue to fund an infant nutrition coordinator role.
The infant nutrition agenda runs across disciplines, and the role of the infant nutrition coordinator is central to driving this agenda forward.

4) Commission baby friendly health and social care services.
Endeavour for commissioned services, such as maternity services to be performance managed against their breastfeeding outcomes, and ideally put in place CQUINs/performance related pay.

5) Create a culture of breastfeeding in Halton so that the number of infants who are breastfed and the duration of breastfeeding increase.
    a. Make breastfeeding the norm
    b. Raise awareness of the benefits of breastfeeding amongst the general public and increase it's acceptability
    c. Ensure that women have the information, support and skills to breastfeed
    d. Achieve and maintain Unicef Baby Friendly Initiative

6) Support staff to breastfeed upon returning to work following maternity leave, through breastfeeding policies and supporting local businesses to adopt similar policies.

7) Increase the number of infants who are introduced to solid foods at or around 6 months of age, through partnership working with health visitors, children's centres and the health improvement team

8) Increase the awareness of parents and the general population of healthy feeding and drinking practices for infants; and change behaviour accordingly.

Contents

Executive summary	5
Contents	7
Introduction	9
Our Local Strategy	10
Vision	10
Aims of the Strategy:	10
Chapter 1 Aim 1: Breastfeeding	12
Why is breastfeeding important?	12
The impact of infant feeding choices on health	13
What is the Local Picture?	14
Breastfeeding rates	14
Breastfeeding initiation	15
Breastfeeding at 10-14 days	16
Breastfeeding at 6-8 weeks	16
What Works?	17
What is available in Halton to support breastfeeding families?	19
Health professionals and children's centres	19
Work with children's centres	20
Unicef Baby friendly (BFI)	21
Infant feeding support	22
Social marketing campaigns	25
Chapter 2. Aim 2: Healthy eating for infants	28
Formula feeding	28
Managing infants with a milk intolerance or allergy.	29
What constitutes a healthy diet for infants?	32
Constipation	32

Oral health 34
Childhood Obesity 35
Gastroenteritis 36
What is available for families 37
Chapter 3 Aim 3: Introducing solid foods (weaning) 39
What is the local picture 41
What works 41
Baby led feeding 41
What is available for families 42
Health professionals and children's centres 42
Recommendations 43
Appendix A Nice guidelines on how to increase the initiation and continuation of breastfeeding 44
Appendix B The prescribing of infant formula feed in Lactose intolerance and Cow's Milk Protein Allergy. Pan Mersey area prescribing committee guidance, November 2014. 46
References 48

Introduction

Good nutrition is essential to a person's health at any stage of life. It is particularly important in the first few years of life. Good nutrition is crucial for babies and infants to achieve their optimal growth and development, and to give them the best start in life. Establishing successful feeding is an important part of parenting, in addition to the physical health aspects, feeding is social and important for forming bonds between parents and their children.

Infancy is when a child starts to build their relationship with food and determine their food preferences. These are the foundations from which lifetime health and eating habits are created. When deciding how to feed their child, families are influenced by a wide range of factors from over-arching social and cultural expectations, to wider family and community norms, to the availability of appropriate health and support services.

This strategy outlines Halton's approach to infant feeding over the next 4 years. The period of infancy is from the birth of the child until their first birthday. The strategy aims to create a culture and services that supports families and carers within the borough to make informed healthy choices when feeding their child, to ensure the best possible health and wellbeing outcomes are achieved.

The strategy's underpinning themes or values to achieve this vision are:

- Working in partnership
- Reducing inequalities and protecting the vulnerable
- Promoting evidence based practice and cost effectiveness (value for money)

Each chapter outlines what we are looking to achieve against three overarching outcomes. Describing why the issue is important for child health nationally and in Halton, identifying evidence of what works to improve nutrition and current activity being undertaken, including what local services are providing. The strategy is supported by a detailed action plan outlining responsible leads, timescales and outcomes to be achieved, and examples of these are include.

Our Local Strategy

This strategy draws together international, national and local policy and guidance to outline a series of actions to ensure local families are supported in making informed choices in relation to feeding their child, and in particular to improve breastfeeding rates in the borough.

Vision

Mothers and babies benefit from good, safe infant feeding as breastfeeding and introducing solid foods at six months becomes the cultural norm for families in Halton, women choose to breastfeed their baby for longer and are supported and enabled to do this. Where mothers choose to bottle feed they have the information and skills to do so safely.

Aims of the Strategy:

In order to optimise the health of the population of Halton this strategy aims to achieve the following outcomes:

1. Create a culture of breastfeeding in Halton so that the number of infants who are breastfed and the duration of breastfeeding increase.
2. Increase the number of infants who are introduced to solid foods at or around 6 months of age.
3. Increase the awareness of parents and the general population of healthy feeding practices for infants; and change behaviour accordingly.

In recent years there has been a slow increase in the number of women who breastfeed in Halton but there is still a long way to go to catch up with the rest of England. Similarly the rates of obesity remain a priority for Halton, while childhood obesity rates have improved for year 6 children, reception age children remain higher than the England average.

A detailed action plan outlines how this vision will be achieved. The actions focus on seven main areas of work including:

1. Women have the information, support and skills to breastfeed
2. Making breastfeeding the norm
3. Raising awareness and support of breastfeeding amongst the general public

4. Achievement and maintenance of Unicef Baby Friendly Initiative
5. Women who choose to formula feed their baby do so as safely as possible
6. Robust data collection mechanisms are in place to enable progress to be measured and areas of need addressed
7. Families are supported to introduce solid foods in a timely and appropriate way

Examples of relevant actions from the action plan are included within the report, to give a flavour of the actions that are required under each aim.

Chapter 1

Aim 1: Breastfeeding

Create a culture of breastfeeding in Halton so that the number of infants who are breastfed and the duration of breastfeeding increase.

Why is breastfeeding important?

Prior to World War II breastfeeding was common place, however following the widespread introduction and marketing of infant formula in the 50s and 60s breastfeeding rates in England began to decline, with a low reached in the 1960's due to the creation of a 'bottle feeding culture'.

This trend has started to change in recent years with increasing numbers of mothers choosing to breastfeed their babies. However, despite this rise, England still has one of the lowest breastfeeding initiation rates in Europe.

The reasons for this low breastfeeding rate are varied and complex. Commonly cited reasons by mums for not breastfeeding or continuing to breastfeed their baby include insufficient:

- knowledge or confidence in how to breastfeed,
- support from partners and/or family members,
- professional help/support,
- appropriate places and/or facilities to breastfeed in public areas
- insufficient support from employers and pressures of returning to work
- social acceptability of breastfeeding.

In addition to these common issues, the cultural norms of a local area play a key part in feeding practices. In particular there are certain groups that are less likely to breastfeed or breastfeed for a shorter period of time including:

- women from deprived communities,
- teenage mothers,
- single mothers,
- working mothers,
- women who have a twin or multiple pregnancy,
- women who have premature babies.

The impact of infant feeding choices on health

Breastfeeding provides the foundation for a healthy start in a child's life. Breast milk supplies all the nutrients a baby needs for healthy growth and development and adapts to meet a baby's changing needs. Breastfeeding prevents illness in both the short and long term for both babies and their mothers.

In the short term, because of natural antibodies in mother's milk breastfeeding reduces chest and ear infections, reduces the chance of diarrhoea vomiting and constipation, and prevents asthma and eczema. In the long term, breastfeeding reduces the risk of obesity and diabetes in later life.

For mums, breastfeeding reduces the risk of breast and ovarian cancer, as well as anaemia after birth. Breastfeeding also helps mothers to lose any weight gained after birth, breastfeeding naturally uses up 500 calories per day.

In addition to the physical health benefits for mother and baby, breastfeeding contributes to a baby's psychological, emotional and social development by providing a unique early bonding experience for baby's and their mothers. Babies who are formula fed are not afforded any of the protective health benefits and financially it is estimated that compared to infant formula, breastfeeding can save a family approximately £500 in the first year of the child's life.

Breastfeeding can help to reduce health inequalities, as evidence suggests that breastfed babies born into the lowest socioeconomic groups have better health outcomes than formula fed babies born into the highest socioeconomic groups (Forsyth,S. 2004). The prevalence of breastfeeding is lower in disadvantaged groups - with younger, less educated and lower income groups being less likely to breastfeed, exacerbating the poor health outcomes Thereby, encouraging breastfeeding among these groups will contribute to improvements in health outcomes and will contribute to a reduction in health inequalities.

Any amount of breastfeeding has benefits for both baby and mother, the longer the duration of breastfeeding, the greater the benefits. Exclusive breastfeeding offers the maximum benefit to mother and child, but women who mix feed should also be encouraged to continue to breastfeed for as long as they can. The Department of Health recommends exclusive breastfeeding for around the first six months of a baby's life, after which the child can be introduced to solid food, with breast milk continuing to be an important part of the child's diet. The WHO similarly

recommends that women breastfeed their child exclusively for 6 months, and then alongside appropriate complementary foods for two years and beyond[1]

What is the Local Picture?

Breastfeeding rates

Halton has lower rates of breastfeeding than the regional and national average. Prior to 2013/14, breastfeeding data was collected for Halton Primary Care Trust (PCT) (as shown in figures 1 and 2), but figures can now also be obtained separately for the Halton population.

The proportion of women breastfeeding their child at birth has increased year on year and is now over 50% (figure 1 and 2), but well below the England average. The proportion of women initiating breastfeeding ranges from 32% to 70% across different wards in Halton (figure 4), although the numbers by ward are small.

In England the most rapid decline in the number of women breastfeeding occurs in the first few days after the birth and data also suggests 10-14 days is also a pivotal time. This is the period of time when many women need the most support to get feeding established. In Halton 28% of women are breastfeeding at 10-14 days (figure 4) and fewer than half of the women who initiated breastfeeding (22%) are still breastfeeding at 6-8 weeks (figure 5, 6 and 7). This breastfeeding rate is well below regional and national averages and there is seasonal variation (figure 5). These low breastfeeding rates continue to be a concern within the borough and increasing the number of mothers choosing to breastfeed remains a key priority.

[1] http://www.who.int/topics/breastfeeding/en/ Accessed 29th July 2014

Breastfeeding initiation

Figure 1: Breastfeeding initiation from 2004-2013 in Halton and St Helens PCT

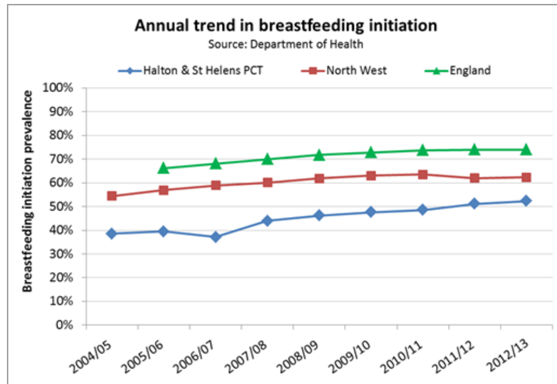


Figure 2: Breastfeeding initiation by CCG 2013-2015

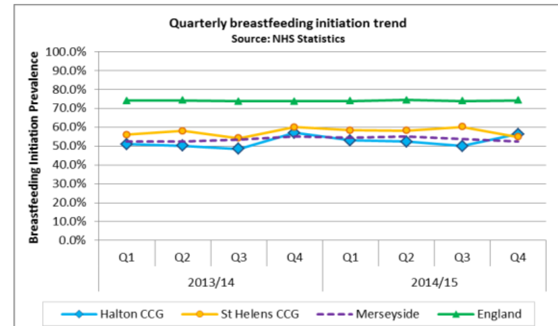
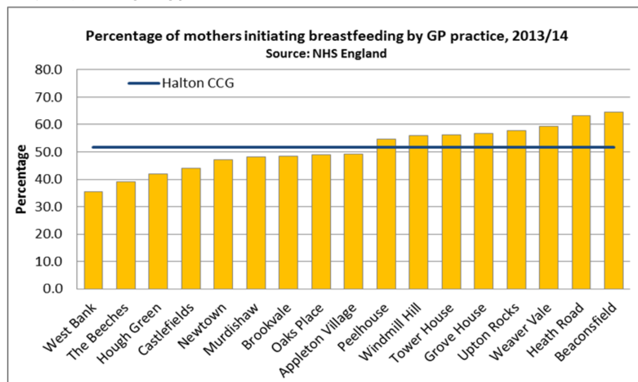
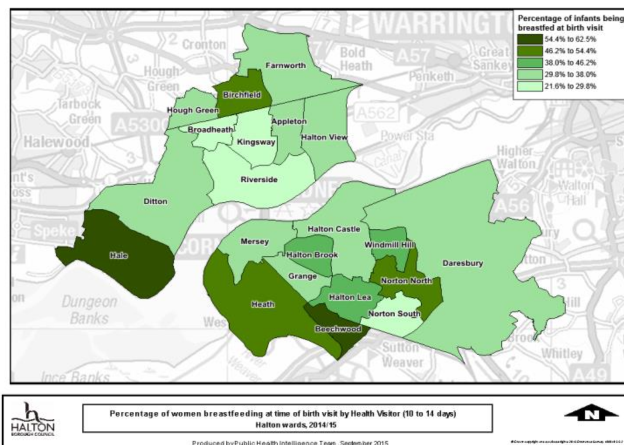


Figure 3: The Percentage of mothers initiating breastfeeding by GP Practice in Halton 2013/14



Breastfeeding at 10-14 days

Figure 4: Percentage of women breastfeeding at 10-14 days by Halton wards (2014/15)



2013/14 was the first year that data was collected on the proportion of women breastfeeding at 10-14 days, in Halton 27.9% of mothers were breastfeeding at this point in time, which shows that similar to elsewhere, the biggest fall off is in the first few days. In 2014/15 the figure increased to 36.2%. Figure 4 shows that the proportion of women breastfeeding at 10-14 days varies across the wards ranging from 21%-62%.

Breastfeeding at 6-8 weeks

Figure 5: Breastfeeding rates at 6-8 weeks in Halton from 2010-2015

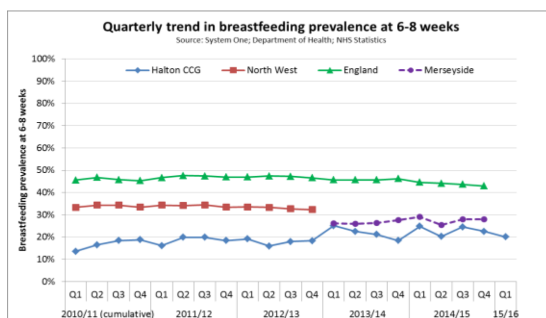


Figure 6: The Percentage of mother's breastfeeding at 6-8 weeks by GP Practice in Halton 2014/15

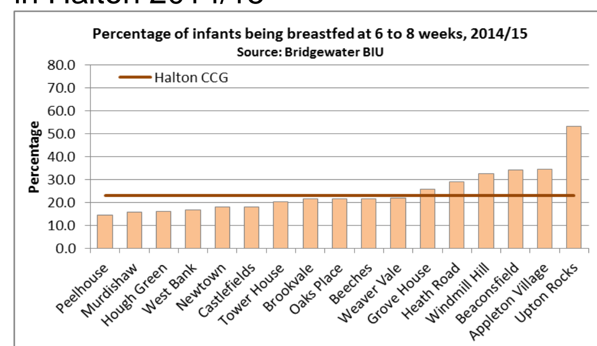


Figure 7: Percentage of women breastfeeding at 6-8 weeks by Halton wards (2013/14)

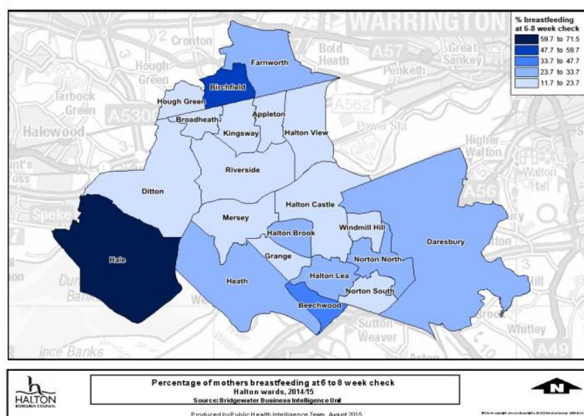
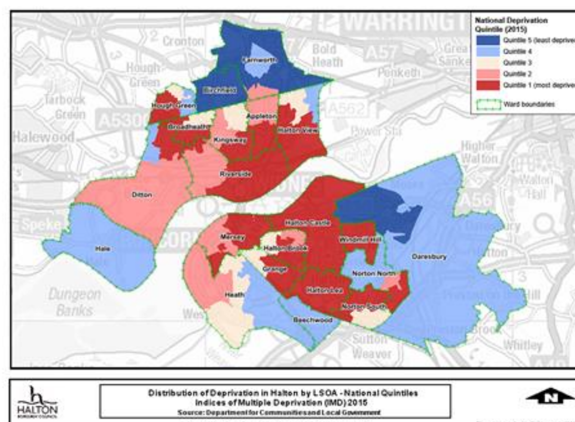


Figure 8: Distribution of Deprivation in Halton 2015



The maps in figures 3 and 6 identify that more mother's breastfeed in Hale, Beechwood and Birchfield at each stage from birth to 6-8 weeks. At 10-14 days the wards with the lowest proportion of mother's breastfeeding are Broadheath, Kingsway, Riverside and Norton South. At 6-8 weeks breastfeeding rates are below one in four mothers breastfeeding in the majority of wards.

Figure 8 shows, that with the exception of Hale, the rate of breastfeeding by ward is associated with the level of deprivation. For all the wards in the lowest quintile of deprivation, the rate of breastfeeding is also low. However the converse is not true. While some of the wards in the highest quintile, have higher rates of breastfeeding, such as Hale, Birchfield and Beechwood, there are wards in quintile 4, such as Daresbury that have low breastfeeding rates with less than a third of women breastfeeding at 6-8 weeks.

What Works?

There is a large international evidence base on effective action to increase breastfeeding rates. Implementation of the Unicef Baby Friendly Initiative (BFI) in hospital and community settings is widely recognised as a key action to increase the uptake and continuation of breastfeeding (NICE, WHO). The BFI programme introduces evidence-based standards for maternity, neonatal, health visiting/public

health nursing and children's centre services. Implementation of these standards improves the care and support that pregnant women, new mothers and their families receive to build a strong relationship with, and feed and care for, their baby. Achieving BFI contributes to ensuring that staff are able to support parents in making informed decisions about infant feeding and are able to provide on-going support and information for breastfeeding mothers and safe bottle feeding for those mothers who choose not to breastfeed whilst supporting all parents to have a close and loving relationship with their baby.

The National Institute for Health and Clinical Excellence (NICE) has compiled a series of best practice guidance relating to breastfeeding, recognising there are key points when information and support is particularly important for mothers and families when choosing how to feed their baby. The guidance on Infant feeding standards is also incorporated into Nice's Maternal and Child Nutrition (2008) and Postnatal care (2014) guidelines.

Evidence of how to support parents feeding choices:
NICE has outlined 8 evidenced based actions to increase the initiation and continuation of breastfeeding which are outlined in detail in Appendix A, the summary of what services need to provide to support parents in their feeding choices are outlined below:

Parents' experiences of maternity services

- Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
- Support all mothers and babies to initiate a close relationship and feeding soon after birth.
- Enable mothers to get breastfeeding off to a good start.
- Support mothers to make informed decisions regarding the introduction of food or fluids other than breast milk.
- Support parents to have a close and loving relationship with their baby.

Parents' experiences of health visiting services

- Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
- Enable mothers to continue breastfeeding for as long as they wish.
- Support mothers to make informed decisions regarding the introduction of food or fluid other than breast milk.

- Support parents to have a close and loving relationship with their baby.

Parents' experiences of children's centres

- Support pregnant women to recognise the importance of early relationships to the health and wellbeing of their baby.
- Protect and support breastfeeding in all areas of the service.
- Support parents to have a close and loving relationship with their baby.

What is available in Halton to support breastfeeding families?

There is a long history in Halton of working in partnership across agencies to improve breastfeeding rates:

Health professionals and children's centres

All health professionals that work with mothers including midwives, health visitors, and children's centre staff receive regular training on infant feeding, including breastfeeding, so as to provide support and advice to families when making the decision on how to feed their child and to provide on-going support. Infant feeding is one of the areas covered within the national Healthy Child Programme, and as such it is part of the core offer from health professionals, and will be discussed and assessed at different stages of the child's development. Training for staff on breastfeeding and nutrition has taken place over a number of years but has recently been strengthened and audited through the Baby Friendly Initiative, both in local hospitals and the community settings.

Action
Give all families an appointment to attend the infant feeding workshops before the baby is born, to support their informed consideration of feeding choices.

Work with children's centres

In Halton children's centres have been central in supporting breastfeeding work. The Breastfeeding support teams hold many of the groups in children's centres, and work closely with the families and staff in the centre. Children's centres have also supported events such as breastfeeding picnics, and awareness raising during breastfeeding week.

Further steps are needed to make breastfeeding the norm in Halton and to encourage more mums to breastfeed their babies and to continue to breastfeed for longer, whilst supporting mums who choose to bottle feed.

Action

Work closely with children's centres to deliver family friendly breastfeeding support and advice close to the community.

Unicef Baby friendly (BFI)

The Unicef Baby Friendly Initiative is an internationally recognised standard that provides a framework for the implementation of best practice in relation to breastfeeding. The aim of the initiative is to ensure that all parents can make informed decisions about feeding their babies and are supported in their chosen feeding method. It encompasses policies, training and practice. Accreditation takes place in stages:

Stage 1
Building a firm foundation

- Have written policies and guidelines to support the standards.
- Plan an education programme that will allow staff to implement the standards according to their role.
- Have processes for implementing, auditing and evaluating the standards.
- Ensure that there is no promotion of breast milk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.

Stage 2
An educated workforce

- Educate staff to implement the standards according to their role and the service provided.

Stage 3
Parents' experience of maternity, Health Visiting, neonatal and Children's Centres
Building on good practice

- Demonstrate innovation to achieve excellent outcomes for mothers, babies and their families.

Bridgewater Community NHS Foundation Trust, Halton and St Helens division have achieved full Unicef Baby Friendly accreditation in July 2015. Both local hospitals, St Helens and Knowsley Hospital Trust and Warrington and Halton Hospital Trust have also achieved full BFI accreditation.

Action

Continue to work to achieve BFI status, and maintain the standards across community services and children's centres

Infant feeding support

Breastfeeding incentive scheme

Having received funding from the North West Strategic Health Authority Halton piloted a breastfeeding incentive scheme in Widnes, from June to December 2011. Women self-referred or were referred onto the scheme by their midwife or health visitor and participants received a "love to shop voucher" at the point of breastfeeding initiation, after one week, and at six weeks. The aim of the incentive was to encourage women to consider breastfeeding and to engage with Breastfeeding peer support services.

Breastfeeding rates at 6-8 weeks in Halton increased during the incentive scheme by 7.2%. Although not all breastfeeding women were referred to the scheme 75% of those that were, breastfeed up to 6 weeks. This is considerably more than the baseline figure of 41% in Halton and St Helens (Q1 2010/11).

The incentive scheme was positively evaluated by participants who were grateful for the vouchers, and complementary about the peer support service that they received. The women also commented on the wider benefits of the programme and how it gave them opportunities to socialise and make friends.

The incentive scheme was a vehicle through which the profile of the breastfeeding agenda increased, improving partnership working, communication between teams and increasing the commitment to the breastfeeding agenda. It provided an incentive to the organisation (as well as the mothers), necessitating the organisations to work together to improve the patient pathway, and ensure staff work together effectively. The funding for this service is no longer available, however the legacy of the incentive scheme was an established breastfeeding support team.

Quotes from participants on the Breastfeeding Incentive Scheme

'Yes [it impacted on how long I breastfed] as I was having some difficulty at some stage and nearly gave up at 2 to 3 weeks but continued after ringing for help and support' (mother, aged 18)

'I didn't plan on breastfeeding at all and I then decide to for 10 weeks because of the support I received in hospital and at home. My experience of breastfeeding has been extraordinary and if it weren't for the support I probably wouldn't have breastfed for as long as I did' (mother aged 18)

Breastfeeding Support Service in Halton

A Breastfeeding Support Team operates in Halton, and is available for all breastfeeding mothers on a drop in or referral basis to provide advice and support to local mums.

The team works closely with local hospitals, maternity services, health visitors and children's centres to ensure that new mums and mums to be are supported to breastfeed and are provided with information about breastfeeding and the community breastfeeding support services available in their local area.

Breastfeeding support workers delivery antenatal infant feeding workshops in the community. Support workers are also present on the maternity ward at Whiston Hospital, offering practical breastfeeding advice and support.

The service provides telephone support, 1 to 1 and home visits. Support groups are held regularly across the borough in Children's centres and Ditton Library where local mums can get advice and support and socialise with other breastfeeding mums.

There are currently two local mothers, who have trained as peer support workers, and volunteer with the service.

Case Study

Local mum Amy contacted the Breastfeeding Support Team in January following the birth of her second child. Amy had experienced problems feeding her first child and wanted support to ensure she didn't have the same problems with feeding this time around.

The Breastfeeding Support Team provided support and reassurance to Amy over a 10 month period via home visits and telephone support. Amy required support and advice with a number of issues including correct positioning and attachment, hand expression, frequency of feeding and introducing solid foods.

Despite the various problems she experienced, Amy and her baby were able to have a fulfilling and successful breastfeeding experience as a result of the continued support received from the Breastfeeding Support Team. Amy is continuing to breastfeed her baby who is now aged almost 11 months.

Action

To maintain the provision of breastfeeding support across the borough and to increase the number of mothers volunteering to provide breastfeeding peer support

Social marketing campaigns

There have been a number of campaigns to promote breastfeeding in Halton, for example the "Get Closer" campaign in 2008 which focused on the provision of information on breastfeeding and training health professionals. Innovative new resources on breastfeeding were developed to be used by health staff working with pregnant women and to provide information for families in Halton, in particular in deprived areas of the borough. Breastfeeding brief intervention training was completed with local midwives and for the first time, a number of local mothers were trained as peer support counsellors to support other mothers in breastfeeding. As a result of the campaign, there was an increase in breastfeeding initiation of 17% from 21% to 38% in the most disadvantaged areas compared with an 8% increase to 42% in the borough overall, showing that targeted action can reduce health inequalities and narrow the health gap.

'breast milk it's amazing!' campaign

The 'breast milk it's amazing' campaign across Merseyside was developed in response to a large scale consultation with local families about infant feeding. The campaign includes social marketing images that were placed on the back of buses and on bill boards across Merseyside, to encourage women to breastfeed.

Central to the campaign is a website that has been developed to help families make informed choices about how to feed their baby. The website includes a vast array of information and tips including maps of which venues are baby welcome and therefore good places to breastfeed when out and about in Halton, an honest account of what breastfeeding is really like and information on where and how to get local help and support.

In response to a consultation with health care staff resources have been distributed to health care staff with the 'breast milk it's amazing' campaign logo on. This was in order to replace existing resources that staff were using that had been provided by, and advertised formula milk companies. For example stickers were produced to put up in baby welcome premises and diary bands.

In November 2015 Public Health England launched a breastfeeding social marketing campaign, as part of their Start4life work. It is unclear at this stage how long this will run for and what the campaign will entail.

Action

To secure the continuation of a breastfeeding social marketing campaign in Halton, to encourage a culture of breastfeeding, either through the 'breastmilk it's amazing' campaign or the 'Start4life' breastfeeding campaign.

The 'Baby Welcome' Scheme

The Breast Feeding Support Team have been working closely with local businesses to increase the number of premises in Halton designated 'baby welcome' in which breastfeeding mothers are welcomed, there access for pushchairs and baby changing facilities available. In addition to all NHS premises and Children's Centres across the borough, 128 cafes and shops have been designated 'baby friendly'. This list is increasing all the time. However local women and their partners don't always perceive that Halton is welcoming to mothers who wish to breastfeed. This baby welcome scheme needs to be promoted more widely and engage parents in awarding and monitoring the scheme. Information is provided on an app and updated every 6 months.

Action

To maintain and improve the Baby Welcome scheme, and increase awareness of the scheme.

Work with Local Schools

School age children are an important group to influence in creating a culture of breastfeeding. Evidence from research suggests that young women start to form their view of how they will feed their children when they are at school. A breastfeeding support booklet was produced and circulated to schools in 2013 for use in Personal, Social and Health Education (PSHE) lessons and other lesson plans. The aim of the booklet is to give schools suggestions of how to incorporate breastfeeding into their teaching plans for each Key Stage. It aims to normalise breastfeeding and make it something that is regularly portrayed in lessons: For example resources are suggested, where illustrations in a story are of a mother breastfeeding her child. The booklet supports schools to develop children's understanding that breastfeeding is a natural way to feed babies and the way that many babies are fed.

Action

The booklets have been refreshed and recirculated to schools, with the offer of the health improvement team and breastfeeding support team to come into the school and deliver a session on breastfeeding.

Chapter 2.

Aim 2: Healthy eating for infants

Increase the awareness of parents and the general population of healthy feeding practices for infants; and change behaviour accordingly.

There are a range of factors that influence an infant's diet and nutrition, that link closely with breastfeeding and the introduction to solid foods. This chapter outlines a range of different issues that are important to support safe, healthy infant feeding practices in Halton families.

Formula feeding

For mothers who choose to bottle feed safe sterilisation of equipment and correct make up of feeds is important to avoid infections and nutritional problems in babies. The milk must be stored at the correct temperature and used within the specified time. Feeding formula milk of an incorrect concentration negatively impacts upon the infant's health and weight gain. If the formula is too diluted the infant will not receive sufficient nutrients and may become malnourished and over concentrated formula can lead to dehydration and obesity. Hygienic preparation and clean water is also essential to prevent contamination, and as such preparation and storage instructions need to be adhered to, to reduce the risk of infection.

In the national Infant feeding survey (2010) almost half (49%) of all mothers who had prepared powdered infant formula in the last seven days had followed all three recommendations for making up feeds (only making one feed at a time, making feeds within 30 minutes of the water boiling and adding the water to the bottle before the powder). This is a substantial increase from 13% in 2005 (Mc Andrew 2012), but means that half of parents are potentially increasing the risk of infection to their children through their method of preparation. Parents need advice from independent qualified professionals on the importance of following Department of Health recommendations to reduce the risk of infection and prevent the side effects of over or under-concentrated feeds. Formula fed babies are also more likely to develop constipation.

The importance of responsive feeding.

Responsive feeding is a component of ensuring optimal child growth and development. It is more than "demand feeding" in that it is a sensitive reciprocal relationship between a mother and her baby. Infants display signals about their

readiness or not to feed and the mother therefore needs to provide an environment that is sensitive to the infant's cues. A supportive environment where mother and baby are in tune with each other allows them to adapt and modify their behaviour to meet their need.

Responsive feeding is an important component of breastfeeding, however formula feeding can also be responsive and it is important that parents are aware of signs their baby wishes to stop feeding, because the bottle fed baby has less control over the feed than a baby at the breast (Bartok and Ventura,2009). All parents who decide to give their baby infant formula should be offered support and information to help them to respond to the needs of their baby while feeding.

Guidance circulated to families should not only relate to information on making up feeds, sterilization of equipment and storage for feeding out and about, but also evidence based information on suitable infant formula. The Department of Health recommend that all babies up to one year old are fed on a first stage infant milk. Information for health professionals and parents is available in the Department of Health Guide to bottle feeding and the health professionals guide to infant formula. A full breakdown of current UK milks is available from First Steps Nutrition (Infant Milks in the UK, A practical guide for Health Professionals, 2015)[2].

Managing infants with a milk intolerance or allergy.

Babies who are difficult to settle and colicky are regularly seen in General Practice by parents worried that their child has an intolerance to milk or an allergy. Lactose intolerance in babies is extremely rare, whereas Cow's Milk protein allergy is more common. The details of these conditions are outlined below.

What is Lactose Intolerance?

Lactose Intolerance is a condition in which the body is unable to break down the sugar lactose which is found in dairy products. The symptoms include bloating, flatulence, diarrhoea/constipation, vomiting and abdominal pain. Lactose intolerance can be diagnosed by primary care staff.

[2] http://www.Unicef.org.uk/Documents/Baby_Friendly/Leaflets/Formula_guide_for_parents.pdf

There are different types of lactose intolerance:

- Primary – Very rare in northern Europeans, more common at an older age.
- Secondary – More common in children in developing countries, due to damage from acute illness and resolves after the illness.
- Congenital – Extremely rare (only 100 cases worldwide) (Agostoni et al., 2010)
- Developmental – Occurs in premature babies (<34/40 gestation) and improves when intestine matures.

What is Cow's Milk Protein Allergy (CMPA)?
Cows' milk protein allergy is an allergic response to proteins in milk. It is one of the most common childhood food allergies in the developed world, with the highest prevalence during the first year of life.

There are two types of Cows' milk protein allergy:

- **Immunoglobulin E (IgE)- mediated reaction** which causes acute and frequent reaction soon after ingesting milk. By 5 years of age more than half of children have outgrown the allergy.

- **Non-IgE-mediated reaction** – these are non-acute and generally delayed reactions. Most children with non-IgE-mediated cows' milk allergy will be milk tolerant by 3 years of age.

Strict exclusion of cows' milk protein from the child's diet (or maternal diet for exclusively breastfed babies) is currently the safest strategy for managing confirmed CMPA.

- IgE-mediated cows' milk protein allergy is usually managed in secondary care.
- Non-IgE-mediated cows' milk protein allergy can be managed in primary care with dietetic input

CMPA is more common in young children, lactose intolerance in older children and adults (Wilson 2005). There are currently no NICE guidelines regarding the management of Lactose Intolerance. However, there are guidelines in place for cow's milk protein allergy[3].

[3] Guideline 116, http://pathways.nice.org.uk/pathways/food-allergy-in-children-and-young-people

Pan Mersey area prescribing committee produced a document in November 2014 regarding prescribing in Lactose Intolerance and Cow's Milk Protein Allergy. The treatment pathways for patients can be found in appendix B[4].

Action
Ensure all healthcare professionals follow Pan Mersey guidelines, including not prescribing lactose free formula.

[4] http://www.panmerseyapc.nhs.uk/guidelines/documents/G16.pdf

What constitutes a healthy diet for infants?

During the first 12 months of an infant's life their diet develops from being solely milk based, to starting to try solid foods. At 6-9 months infants are exploring the taste, textures, smells and feel of food and still deriving the majority of their energy requirements from milk. By the age of 9-12 months solid food increasingly becomes the main source of energy to the child. At around one year of age a child should be eating three main meals a day, with 2-3 nutritious snacks. The foods eaten by infants should be similar to the rest of the family (with some exceptions). As the child moves from infancy into early childhood their diet should include each of the four main food groups every day, in the quantities illustrated below in the eat well plate.

Figure 9: The eat well plate, Public health England

Constipation

Constipation is a common childhood condition causing pain and distress to the child and family which often goes unrecognised and untreated. Constipation is a term used to describe the difficult and painful defecation of dry, hard, delayed or infrequent stools. It can be defined as fewer than three complete stools per week and a change in consistency (NICE, 2010, Mason, 2004).

In older children and adults being active, eating a variety of fruit and vegetables and keeping well hydrated lowers the risk of developing constipation. Children's food should contain full fat milk, cheese, yoghurt, nuts; fortified breakfast cereals, oily fish meat, green vegetables, and

two portions of fish per week. Constipation is unusual in an exclusively breastfed baby. It is more common in bottle fed babies as a result of either inadequate fluid intake, which can occur due to the incorrect dilution of the feed or underfeeding.

95% of cases of constipation cannot be explained by any physical abnormalities and are more likely to be as a result of diet and low fluid intake.

Analysis of inpatient and outpatient data revealed that only 5% of cases present for treatment in the UK. NICE estimates that constipation is prevalent in between 5-30% of the child population depending on criteria used for diagnosis, with younger children affected most often. Based on a 2013 population estimate of 8,537 children aged 0-4 living in Halton, a local estimate for the year would be between 457 (5% of population) to 2,561 (30% of population).

Common advice for the treatment of constipation is to make dietary changes to increase fibre in the diet through fruit and vegetable consumption and ensure adequate hydration. However small children's digestive systems do not cope well with high fibre foods such as wholemeal pasta and brown rice and too much fibre can reduce the amount of minerals absorbed, such as calcium and iron. If children do become constipated NICE guidance recommends treatment with medication.

Analysis of hospital admissions data 2010/11 at Halton & St Helens PCT level showed that there were 8 elective (planned) admissions and 42 non-elective (emergency) admissions for constipation. 24 out of the 42 emergency admissions were for children under 1 year of age. Further analysis of outpatient appointments estimated that 143 of all outpatient appointments for children aged 0-4 and 50 gastroenterology specialist appointments were likely due to constipation, (using NICE guidance to provide prevalence).

Action

Healthy eating advice to parents to include information on the importance of diet and hydration to prevent constipation.

Oral health

Poor oral health can affect children and young people's ability to sleep, eat, speak, play and socialise. Other impacts include pain, infections, poor diet and impaired nutrition and growth. Examples of how breastfeeding has a positive impact on oral health are listed:

- Breastfeeding promotes good alignment of the upper and lower jaw
- Exercises facial muscles and those in the inner ear, which reduces the risk of ear infections
- Babies/toddlers will have better tongue control and better control over speech
- Upper jaw develops into a wide arc because of the tongue and nipple pressure applied on the palate. This gives erupting teeth plenty of space to grow and helps to eliminate overcrowding
- Babies take a wide mouthful of breast with the nipple way back ensuring that the milk is directed at the back of the throat therefore bypassing the teeth
- The mouth has its own line of defence against decay- friendly bacteria contained in the saliva cleanse and neutralise acids that cause decay and restore natural balance

The Oral health promotion team work in Halton to raise awareness of the importance of Oral Health, and change behaviour. The messages for parents and carers to improve oral health in infants (and children up to 3 years old) are outlined below:

- Breastfeeding provides the best nutrition for babies
- From six months of age infants should be introduced to drinking from a free-flow cup, and from age one year feeding from a bottle should be discouraged
- Sugar should not be added to weaning foods or drinks
- Parents/carers should brush or supervise tooth brushing
- As soon as teeth erupt in the mouth brush them twice daily with a fluoridated toothpaste
- Brush last thing at night and on one other occasion during the day
- Use a smear of fluoride toothpaste containing no less than 1000ppm fluoride (In Halton 1450ppm is used due to the high tooth decay rate)

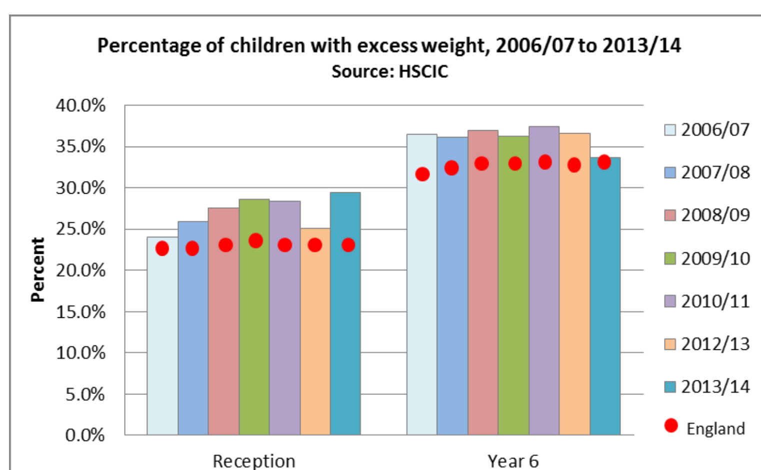
- The frequency and amount of sugary food and drinks should be reduced
- Sugar free medicines should be recommended

Action
Encourage families to move the child from bottle to cup at age one

Childhood Obesity

The Halton National Child Measurement Programme (NCMP) is a national measurement programme to determine the number of children who are overweight or obese across England. Figure 10 illustrates that while there has been progress in reducing levels of excess weight (overweight and obesity) in year 6 children by 2.8%; from 36.5% in 2012/13 to 33.7% in 2013/14, levels of excess weight have increased in reception aged children by 4.4%; from 25.1% in 2012/13 to 29.5% in 2013/14. As outlined previously good infant feeding practices and nutrition are critical in reducing childhood and adult obesity and reversing the national trend.

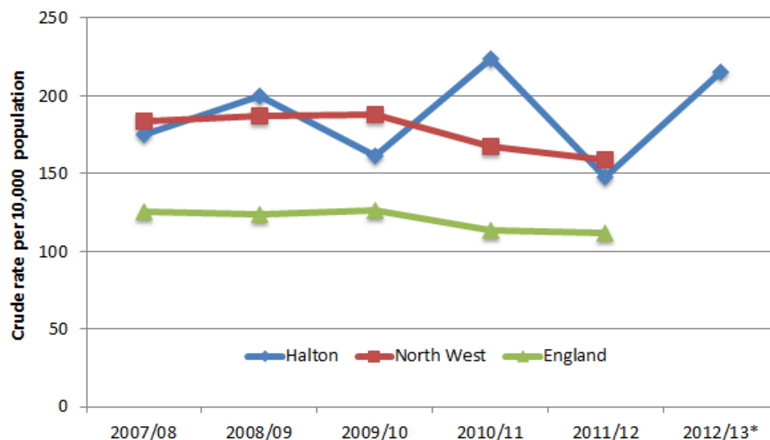
Figure 10: Change in percentage of children who are overweight or obese in Halton, compared to England, 2007/08 to 2013/14



Gastroenteritis

There is a relationship between low levels of breastfeeding and increased cases of children developing gastroenteritis. This is because children are not afforded the protective effects of breastmilk and there is an increased risk of contamination when bottle feeding. In figure 11 the numbers of children being admitted to hospital as emergency cases due to gastroenteritis are consistently higher in Halton than those seen across England as a whole. Levels do fluctuate each year and the relationship between the borough and North West rates are less clear cut.

Figure 11: Trend in rate of emergency hospital admissions for gastroenteritis (children aged 0-4)



What is available for families

Universal healthy child programme

Every Halton family is entitled to the universal healthy child programme, whereby a midwife supports the family from early pregnancy through to the first weeks of the child's life, and a health visitor will then work with the family through infancy. As part of this programme all families will receive support and advice regarding: diet (as appropriate), the safe use of infant formula in the antenatal and postnatal period, and support with feeding difficulties if required. A healthy weight service has recently been commissioned for residents in Halton, which includes dietetic support to health professionals and families for infants with nutrition related issues.

Action

At the first home visit the midwife will provide all families who have chosen to formula feed their baby with information on how to make up feeds correctly and suitable first milk.

Healthy start vitamins

The Healthy Start Program is a Department of Health-funded program that provides low-income families which include a pregnant woman or a child under the age of four years (and all pregnant women under the age of 18 years), with vouchers to exchange for food and vitamins.

Weekly food vouchers can be spent on milk, fruit and vegetables, or infant formula milk. Eligible pregnant women (more than 10 weeks pregnant) and those with a baby under the age of one year are entitled to free maternal vitamins. Children aged between six months and four years are entitled to vouchers for free vitamin drops. Each voucher is exchanged for an eight-week supply of vitamins.

Healthy Start vitamins contain the recommended amount of vitamin A, C and D for young children, and folic acid and vitamin C and D for pregnant and breastfeeding women. Healthy Start vitamins are intended to supplement the diets of low-income children and mothers, whose diets are more likely to be deficient in key vitamins.

An audit was conducted in Halton and estimated that 3.2% of mothers and young children across the borough accessed a year's supply of vitamins (2013). Due to the low uptake of

vitamins a pilot was initiated and has been running since July 2014 to encourage families to access the vitamins, the pilot was based on NICE guidance to increase uptake of Healthy Start vitamins and included:

- Free vitamins to all pregnant and breastfeeding women
- One free bottle of infant vitamins per child
- Increase the availability of child vitamins, via children's centres and health centres
- Publicity and resources to raise awareness of Healthy Start

An evaluation of the programme found that:

- 92% of women had been offered vitamins during their pregnancies by their midwives, and 85% of all mothers reported taking pregnancy vitamins
- 56% of infants aged over 6 months had been offered vitamins, and most mothers reported that babies took the drops well.

Action

To continue to provide free healthy start vitamins to pregnant and breastfeeding women

Wellbeing magazines

The Halton Wellbeing magazine is an electronic magazine that compiles useful resources for parents to support them to improve the health and wellbeing of their children. This method of communication is being used as an avenue to circulate information, support and articles of interest to families to encourage them to make healthy choices. It is intended to provide an interesting and engaging format, through which families can engage in the issues.

Action

For Wellbeing magazines to have an infant nutrition focus, to include work resources on healthy eating and introducing solid foods.

Chapter 3
Aim 3: Introducing solid foods (weaning)

To increase the number of infants who are introduced to solid foods at or around 6 months of age.

The timing of when solid foods are introduced influences child health. Traditionally this was in the first few months of life, however in the last twenty-years guidance has changed in light of new evidence linking early introduction to solid foods to health risks, including the development of childhood obesity. During this time the recommended age for introducing solid foods changed from three, then to four-months, before the World Health Organization (WHO) revised its recommendations in 2001 (which were introduced across England in 2003) recommending exclusive breastfeeding for the first six-months and that:

“Complementary foods should be introduced at about six-months of age. Some infants may need complementary foods earlier, but not before four-months of age.” (WHO 2001)

NICE echo this recommendation:

“Once infants are aged 6 months, encourage and help parents and carers to progressively introduce them to a variety of nutritious foods, in addition to milk”. (NICE 2008)

The guidance to begin introducing solid foods at six-months corresponds to a time the infant is developmentally ready, and interested in food. The ability to safely consume solid food requires:

- A mature neuromuscular system to move food in the mouth and swallow it.
- Sufficient maturity to sit up, holding the head up and to swallow.
- A mature digestive system that can digest starch, protein and fat from the non-milk diet.

The Department of Health recommends that food of appropriate types and in appropriate amounts is introduced alongside breast or infant formula milk, when babies are six months old and show 3 key signs of developmental readiness:

- Stay in a sitting position and hold their head steady.
- Co-ordinate hand, eyes and mouth so they can look at food, pick it up and put it in their mouth by themselves.
- Swallow food, babies who are not ready for solid will push food back out with their tongue.

A more uncommon concern would arise if the introduction of solid foods is delayed beyond six months. Such a delay would have a detrimental impact on the child's growth and development due to milk alone no longer being sufficient to meet a child's nutritional requirements at this age.

The current recommendations for how to introduce solid foods are (WHO 2010):

- Babies should also continue to have breast or infant formula milk until a minimum of 12 months old.
- Practice responsive feeding: feed slowly and patiently, encourage babies to eat but do not force them, talk to the infant and maintain eye contact.
- Practice good hygiene and food handling.
- Start around 6 months with small amounts and increase gradually.
- Increase the number of feed times, 2-3 meals per day 6-8 months, 3-4 meals per day 9-23 months, with snacks as required.
- Feed a variety of nutrient rich foods.
- Use vitamin and mineral supplements as needed e.g. vitamin D
- When baby is sick, increase fluid intake, include more breastfeeding and offer soft, favourite foods[5]

It is important to gradually introduce a variety of food in small amounts, as babies will still be getting most of their nutrition from breast milk or infant formula. The current recommendation is that full fat cow's milk should not be introduced to babies as a drink until they are 12 months old and babies should have breast or if formula fed, first stage infant formula milk until then. This is longer than previously recommended to prevent iron deficiency. Once on solid food, as long as the child has a varied, balanced diet, there is no requirement to give them 'follow on' milks.

The impact of introducing solid foods too early

Introducing solid foods too early can cause nutritional problems and be detrimental to a child's growth in infancy, through childhood and into adulthood. Evidence suggests that introducing solid food early increases the risk of respiratory illness, allergies and anaemia; in addition it can cause too rapid weight gain and later increase the risk of childhood obesity.

It is important that a variety of foods of different tastes and textures are introduced at this stage. During this developmental phase infants are learning about the qualities of food, and

[5] http://www.who.int/mediacentre/factsheets/fs342/en/

introducing a wide range of foods, will build their knowledge and expectations of different foods, and support them to develop a wide range of taste preferences. Limiting choice of food of different flavour or textures in the early years can lead to children becoming fussy eaters in the future. It is also important that infants are introduced to a healthy family diet, to meet their nutritional needs and to put in place the foundations of food preferences in later life.

What is the local picture

There is no routinely collected data on when solid foods are introduced to infants. Locally data is collected at sessions held to educate families on introducing solid foods. This data showed that 24% of infants were weaned before the recommended 6 months of age. This figure is likely to be lower than the Halton figure, because the data came from a self-selected group of families who were motivated to attend the session and may well have introduced solid foods later as a result of the information from the session.

What works

Baby led feeding

Baby led feeding facilitates a baby in exploring for themselves the touch, texture, taste of food whilst allowing the opportunity of feeding themselves and joining in family meals. It gives the baby control of what they eat. Rapley and Murkett (2008) propose that this helps the baby learn about healthy family food and develops the babies' chewing skills, manual dexterity and hand eye co-ordination.

A review of the evidence by Sachs (2010) and Cameron et al (2012) concluded that developmentally ready babies appear to have the capacity to feed themselves and parents can feel confident in current policy recommendations.

Not all health professionals have been trained in baby led feeding, and this has resulted in a mismatch between knowledge and skills and support for parents.

NHS Choices have outlined some tips for getting started on introducing solid foods:

- Always stay with your baby when they are eating in case they start to choke.
- Let your baby enjoy touching and holding the food.
- Allow your baby to feed themselves, using their fingers, as soon as they show an interest.
- Don't force your baby; wait until the next time if they are not interested this time.
- If you are using a spoon, wait for your baby to open their mouth before you offer the food. Your baby may like to hold a spoon too.
- Start by offering just a few pieces or teaspoons of food, once a day.
- Cool hot food and test it before giving it to your baby
- Don't add salt, sugar or stock cubes to your baby's food or cooking water

What is available for families

Health professionals and children's centres

The introduction of solid foods is universally discussed by heath visitors with families, during their routine checks. Health visitors also invite the families to attend workshops that they jointly run with the health improvement team. The workshops cover 'introducing solid foods' and healthy eating in young children and are available for all families across the borough. The workshops aim to delay the introduction of solids until the child is developmentally ready and give parents the skills and understanding to introduce the child onto a healthy family diet. This process is critical in improving the long term health of children and reducing childhood obesity.

Action

- Health visitors to refer high risk families for one to one support as appropriate
- Frontline children's centre staff to attend training on introducing solid foods
- Expert dietetic support to be made available to families and health professionals, for children who are fussy eaters.

Recommendations

1) For health and social care organisations and leaders to prioritise infant nutrition, and the prevention of obesity.

2) Critical to the success of this strategy is partnership working across health and social care, and between community and hospital settings

3) Continue to fund an infant nutrition coordinator role
   The infant nutrition agenda runs across disciplines, and the role of the infant nutrition coordinator is central to driving this agenda forward across disciplines

4) Commission baby friendly health and social care services
   Endeavour for commissioned services, such as maternity services to be performance managed against their breastfeeding outcomes, and ideally put in place CQUINs/performance related pay.

5) Create a culture of breastfeeding in Halton so that the number of infants who are breastfed and the duration of breastfeeding increase.
   a. Women have the information, support and skills to breastfeed
   b. Making breastfeeding the norm
   c. Raising awareness and support of breastfeeding amongst the general public
   d. Achieve and maintain Unicef Baby Friendly Initiative

6) Support staff to breastfeed upon returning to work following maternity leave, through breastfeeding policies and support local businesses to adopt similar policies.

7) Increase the number of infants who are introduced to solid foods at or around 6 months of age, through partnership working with health visitors, children's centres and the health improvement team

8) Increase the awareness of parents and the general population of healthy feeding and drinking practices for infants; and change behaviour accordingly.

Appendix A
Nice guidelines on how to increase the initiation and continuation of breastfeeding

1. Implementation of the Baby Friendly Initiative (BFI) in maternity and community services.

2. A coordinated mix of education and support programmes within different settings, routinely delivered by both health professionals/practitioners and peer supporters in accordance with local population needs:
    - Informal, practical breastfeeding education in the antenatal period should be delivered in combination with peer support programmes to increase initiation and duration rates among women on low incomes.
    - A single session of informal, small group and discursive breastfeeding education should be delivered in the antenatal period (including topics like the prevention of nipple pain and trauma) to increase initiation and duration rates among women on low incomes.
    - Additional, breastfeeding specific, practical and problem solving support from a health professional/practitioner should be readily available in the early postnatal period to increase duration rates among all women.
    - Peer support programmes should be offered to provide information and listening support to women on low incomes in either the antenatal or both the antenatal and postnatal periods to increase initiation and duration rates.

3. Changes to policy and practice within the community and hospital settings:

Routine policy and practice for clinical care in hospital and community should:

- Support effective positioning and attachment, using a predominantly ‘hands off’ approach
- Encourage unrestricted responsive baby-led breastfeeding which helps prevent engorgement; and for women experiencing mastitis,
- Encourage regular breast drainage and continued breastfeeding
- Encourage the combination of supportive care, teaching breastfeeding technique, sound information and reassurance for breastfeeding women with ‘insufficient milk’.

4. Changes to abandon specific policy and practice for clinical care in hospital and community

In order to increase the duration of any and exclusive breastfeeding among all women, routine policy and practice for clinical care in hospital and community settings should abandon or continue to abandon:

- Restriction of the timing and/or frequency of breastfeeds during immediate postnatal care
- Restriction of mother-baby contact from birth onwards during immediate postnatal care
- Supplemental feeds given routinely or without medical reason in addition to breastfeeds (for example, in Baby Friendly Hospitals, The supplementation rate is usually below 10%)
- Separation of babies from their mothers for the treatment of jaundice
- The provision of hospital discharge packs and any informational material given to mothers which contain promotion for formula feeding including the advertising of 'follow on' formula milks to mothers of new babies (this practice has for the most part disappeared from normal NHS care. It is important to ensure that it is not reintroduced).

5. Complementary telephone peer support
   - Peer or volunteer support should be delivered by telephone to complement face-to face support in the early postnatal period to increase duration rates among women who want to breastfeed.

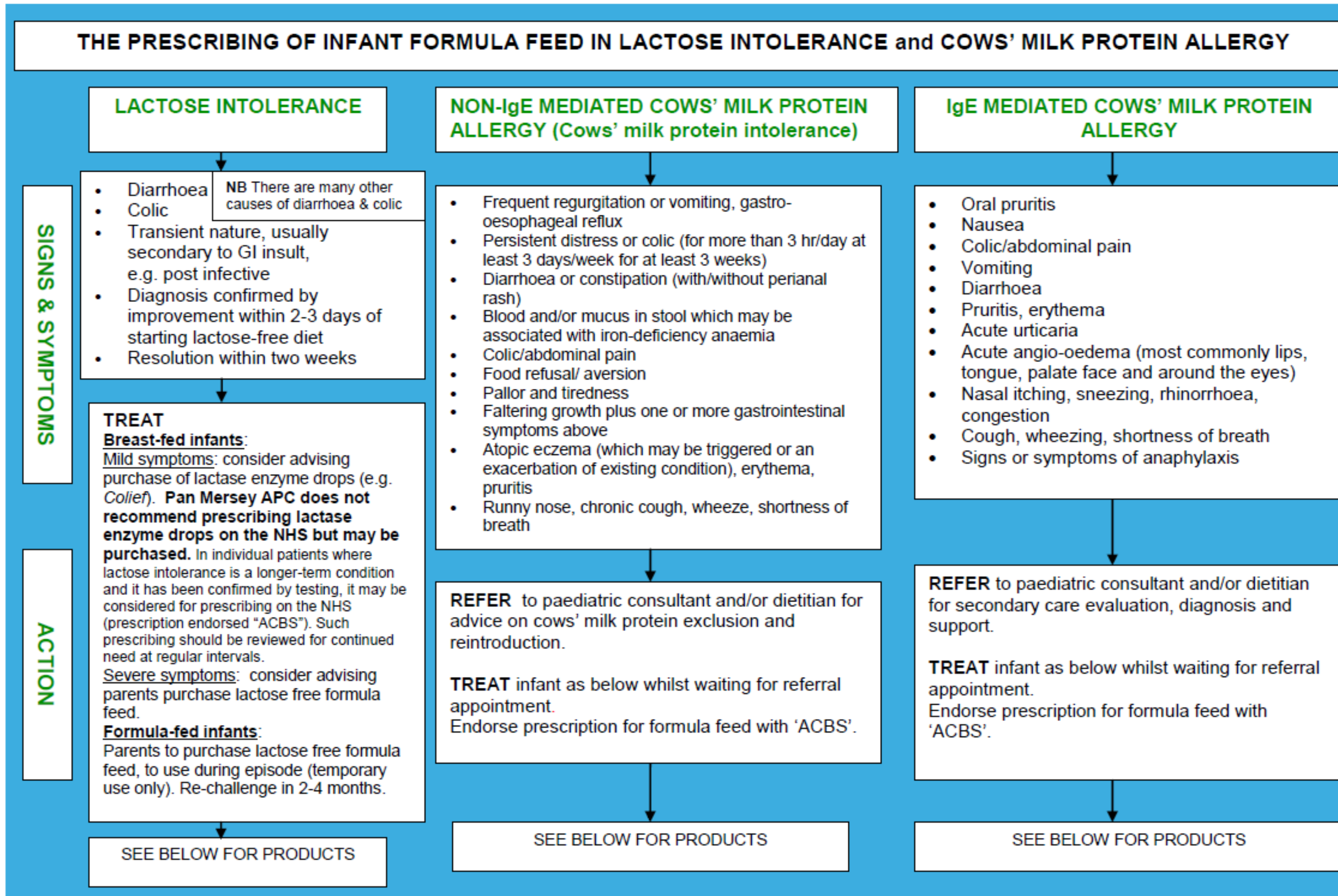
6. Education and support from a single professional
   - Infant feeding education and support should be from one professional, such as a midwife or health visitor and be targeted to women on low incomes to ensure consistent advice and support to increase rates of exclusive breastfeeding.

7. Education and support for one year
   - One-to-one needs-based breastfeeding education in the antenatal period combined with postnatal support through the first year should be available to increase intention, initiation and duration rates.

8. Media programmes
   - Local media programmes should be developed to target teenagers to improve and shift attitudes towards breastfeeding

Appendix B

The prescribing of infant formula feed in Lactose intolerance and Cow's Milk Protein Allergy. Pan Mersey area prescribing committee guidance, November 2014.



THE PRESCRIBING OF INFANT FORMULA FEED IN LACTOSE INTOLERANCE and COWS' MILK PROTEIN ALLERGY

	LACTOSE INTOLERANCE	NON-IgE MEDIATED COWS' MILK PROTEIN ALLERGY (Cows' milk protein intolerance)	IgE MEDIATED COWS' MILK PROTEIN ALLERGY
TREATMENT	<u>**Lactase enzyme drops**</u> (e.g. *Colief*) Dose: 4 drops per feed for 4-8 weeks or until can be gradually withdrawn without return of symptoms. **Pan Mersey APC does not recommend prescribing lactase enzyme drops on the NHS but may be purchased.** In individual patients where lactose intolerance is a longer-term condition and it has been confirmed by testing, it may be considered for prescribing on the NHS (prescription endorsed "ACBS"). Such prescribing should be reviewed for continued need at regular intervals. Seek lactation support from experienced source to improve breastfeeding effectiveness. <u>**Lactose free formula**</u> **e.g. *SMA LF or Enfamil O-Lac*** <u>**Infants taking solid foods**</u>: Avoid solids containing lactose. Offer referral to dietitian for dietary advice. Avoid lactose-containing medicines.	<u>Breast-fed infants</u>: Continue breastfeeding. Consider exclusion of cow's milk products from mother's diet (advise a calcium supplement if mother remains on dairy-free diet long term) <u>Formula-fed infants</u>: Trial of extensively hydrolysed feed (hypo-allergenic milk formulas) for four weeks. - Infant up to 6 months of age: **For example Aptamil Pepti 1 or Nutramigen 1** - Infant over 6 months of age: **For example Aptamil Pepti 2 or Nutramigen 2** If not resolved, or if the reaction is very severe, trial an amino acid supplement for further four weeks. **For example Nutramigen AA or Neocate LCP** Children with enterocolitis/proctitis or blood in stools with faltering growth, severe atopic dermatitis and symptoms during exclusive breastfeeding are more likely to require amino acid based formula.	<u>Breast-fed infants</u>: Continue breastfeeding. Consider exclusion of cow's milk products from mother's diet (advise a calcium supplement if mother remains on dairy-free diet long term) <u>Formula-fed infants</u>: Trial of extensively hydrolysed feed feed (hypo-allergenic milk formulas) for four weeks. - Infant up to 6 months of age: **For example Aptamil Pepti 1 or Nutramigen 1** - Infant over 6 months of age: **For example Aptamil Pepti 2 or Nutramigen 2** If not resolved, or if the reaction is very severe, trial an amino acid supplement for further four weeks. **For example Nutramigen AA or Neocate LCP** **Children with worrying symptoms including potential anaphylaxis, oral angioedema and severe skin reaction should be treated with amino acid based feed as initial treatment.**
DURATION	- Most infants should be able to revert to a normal diet in 4-8 weeks: gradually reintroduce usual formula/breast milk. - May last 3 – 6 months. If longer term, use as necessary and refer to dietitian and/or paediatric consultant.	With a specialist confirmed diagnosis, children are usually challenged at 18 months to 3 years of age, depending on presentation and symptoms. Specialist formula may be necessary until 18 months of age or longer on advice of dietitian/paediatric consultant.	With a specialist confirmed diagnosis, children are usually challenged at 18 months to 3 years of age, with varying degrees of success. Specialist formula may be necessary until 18 months of age or longer on advice of dietitian/paediatric consultant.

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