# Breastfeeding Needs Assessment for Thurrock

## Executive Summary

March 2020

thurrock.gov.uk

# Contents



***Note:***
This report was initially written in 2019 ahead of the Covid-19 pandemic and therefore the search parameters of the literature review and the social marketing element reflect this. The data in sections 1 and 2 have been updated subsequent to the pandemic due to a refreshed method for collecting breastfeeding initiation data being established and published.

A copy of the full version of this report will be available on the Thurrock Council website at: thurrock.gov.uk/public-health-reports

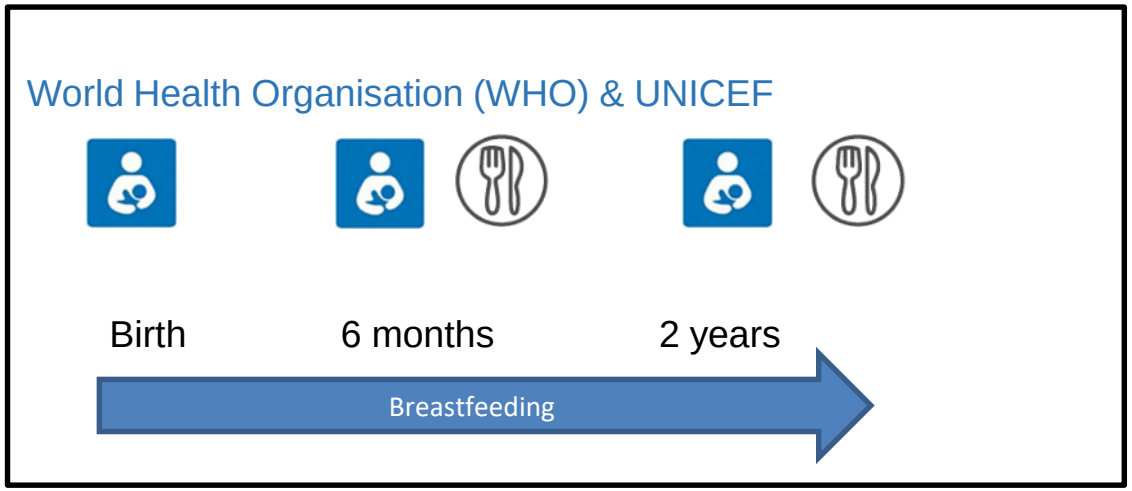
# Abbreviations

| Abbreviation | Full Form |
|---|---|
| BFI | Baby Friendly Initiative |
| BME | Black & Minority Ethnic Groups |
| BRAs CIC | Breastfeeding Reassurance & support Community Interest Company |
| BTUH | Basildon & Thurrock University Hospital |
| CF | Combination Feeding |
| C-Section | Caesarean Section |
| EBF | Exclusive Breastfeeding |
| HWBS | Health & Wellbeing Strategy |
| LMNS | Local Maternity & Neonatal System |
| NCT | National Childbirth Trust |
| NICE | National Institute of Health and Care Excellence |
| NELFT | North East London Foundation Trust |
| SIDs | Sudden Infant Death Syndrome |
| UNICEF | United Nations International Children's Emergency Fund |
| WHO | World Health Organisation |

# National Context:

Low breastfeeding rates present as a serious public health issue. Infants who are not breastfed may be unable to take advantage of a number of health and wellbeing benefits; such as positive impact on attachment, a reduction in Sudden Infant Death Syndrome (SIDs), reduction in childhood illnesses and disease, as well as nutritional benefits. The low rates of breastfeeding in the UK, which can also have an impact on future health, represent a serious public health challenge. There is a need therefore to prioritise breastfeeding as part of Early Years and Public Health policy and to better understand why this picture presents.

The UK is one of the most poorly performing countries in the world in terms of breastfeeding continuation. Nationally, 68% of babies receive breastmilk as their first feed but only 48% mothers continue to breastfeed at 6-8 weeks. This falls even further by 6 months of age with only an estimated 1% of babies being breastfed exclusively. The World Health Organisation (WHO) and United Nations International Children's Emergency Fund (UNICEF) recommend that breastfeeding continue from birth to age 2 years and exclusively for the first 6 months of life.




Nice Guidance recommend development of an overall infant feeding strategy which promotes breastfeeding, supports safe formula feeding and helps families to develop positive relationships with their infants. This guidance places emphasis on positively influencing the child's future outcomes in terms of educational attainment, social skills, self-efficacy and self-worth.

In turn, Health Matters, WHO and UNICEF advocate for the Baby Friendly initiative (BFI) whereby breastfeeding is promoted for the first 2 years of life with exclusive breastfeeding from birth to 6 months. In line with this WHO and UNICEF produced their 'ten steps to successful breastfeeding' in which it suggests that hospitals should not promote formula feeding, bottles or teats, with breastfeeding offered as standard care, with a hard line nudge towards breastfeeding.

unicef UNITED KINGDOM
THE BABY FRIENDLY INITIATIVE

NICE
National Institute for Health and Care Excellence

# Objectives:

This Needs Assessment supports Goals A and E of Thurrock's Health and Wellbeing Strategy 2016-2021, namely; Opportunity for All and Healthier for Longer respectively and will provide a deeper insight into how we can work to meet these goals and improve breastfeeding initiation and duration. With the Health and Wellbeing Strategy under consultation to be refreshed with publication in 2022 this will support the proposed domain 3: Healthier for Longer.

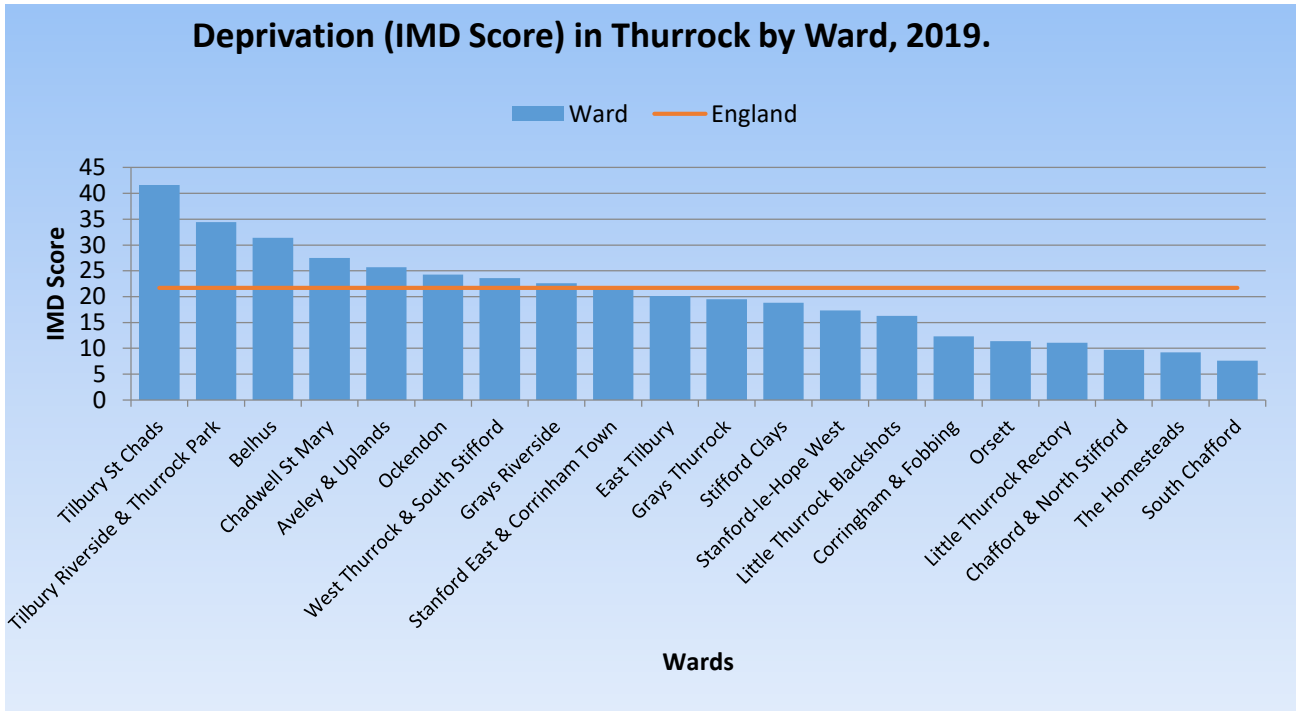
The Needs Assessment will achieve the following objectives:

- understand the demographics relating to Breastfeeding in Thurrock including key health data, breastfeeding prevalence, local contextual information and how the national context in relation to breastfeeding relates to this.
- Describe the local offer in Thurrock to support families to breastfeed.
- Understand what the published evidence base tells us works to support families to initiate and continue breastfeeding.
- Review what other areas locally and nationally are doing to increase breastfeeding prevalence by supporting families to breastfeed.
- Develop an in depth understanding of local families and professionals experiences of breastfeeding.

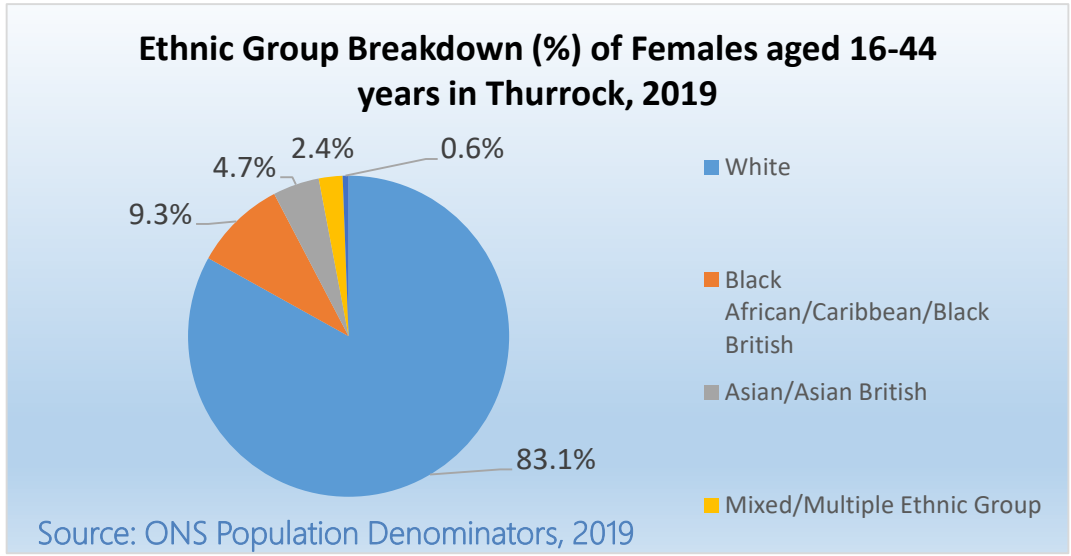

# Local Context -Who lives in Thurrock?

In 2020 Thurrock had a total population of 175,531. Of this total population there were 37,002 women defined as being of child bearing age. The majority of females of child bearing age were recorded as white (83.1%) followed by those from black ethnic groups (9.3%) (see top adjacent figure). Research suggests that women from BME groups are more likely to initiate and maintain breastfeeding than white women.

Deprivation in the borough varies by ward and as can be seen in the adjacent figures, both wards comprising Tilbury having the highest deprivation score with South Chafford experiencing the lowest levels of deprivation. Evidence suggests that breastfeeding rates in the UK are significantly lower among families on low income.




Source: Local Health, 2019.




Source: ONS Population Denominators, 2019

In 2011 45.8% of households in Thurrock have children of which 34.8% have dependent children.

Those who are married or in a civil partnership with dependant children make up the largest household type (17.9%) followed by lone parent households (7.6%).

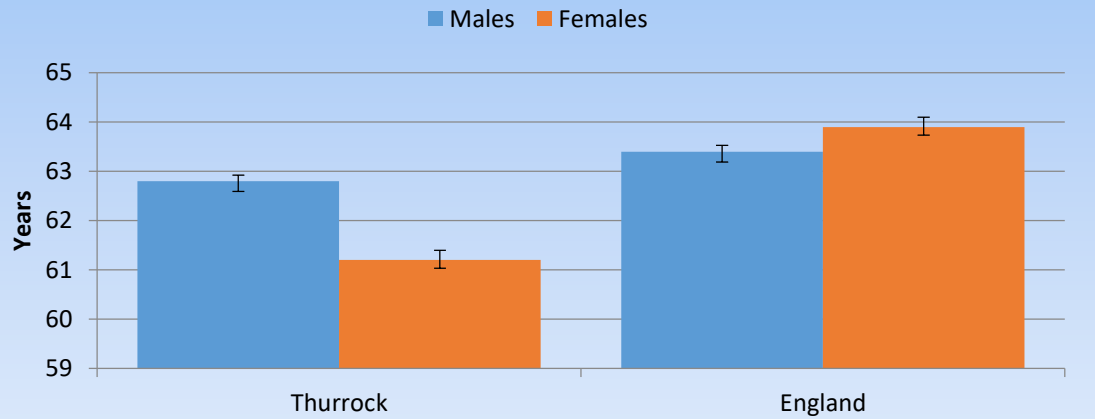
65,569 people of child bearing age (15-45 years) living in Thurrock (2018).

7,487 0-2 year olds residing in Thurrock (2020).

# Local Context- Key Health Indicators

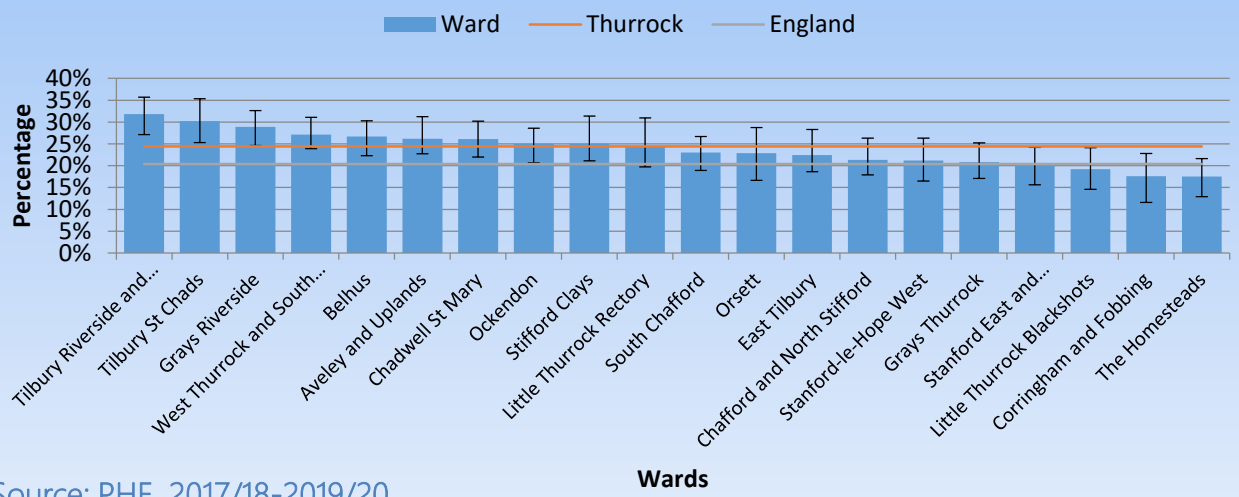
Life expectancy for both males and females varies by ward in Thurrock. For males there is a difference of **9.3 years** in life expectancy between the wards with the highest and lowest life expectancy rates. Similarly, for females there is a difference of **6.2 years** in life expectancy between the ward with the highest and lowest life expectancy rates. The healthy life expectancy for males is similar to the England average. Conversely the healthy life expectancy for females is significantly lower than the national average. Women are living longer in poorer health.

Low breastfeeding rates in Thurrock coupled with the fact that families on low income are less likely to breastfeed has the potential to widen the gap in health inequalities and life expectancy.




**Healthy Life Expectancy (Males & Females) in Thurrock, 2016/18.**

Source: Local Health, 2016/2018.




**Obesity (%) - Year 6 pupils in Thurrock by Ward, 2017/18-2019/20**

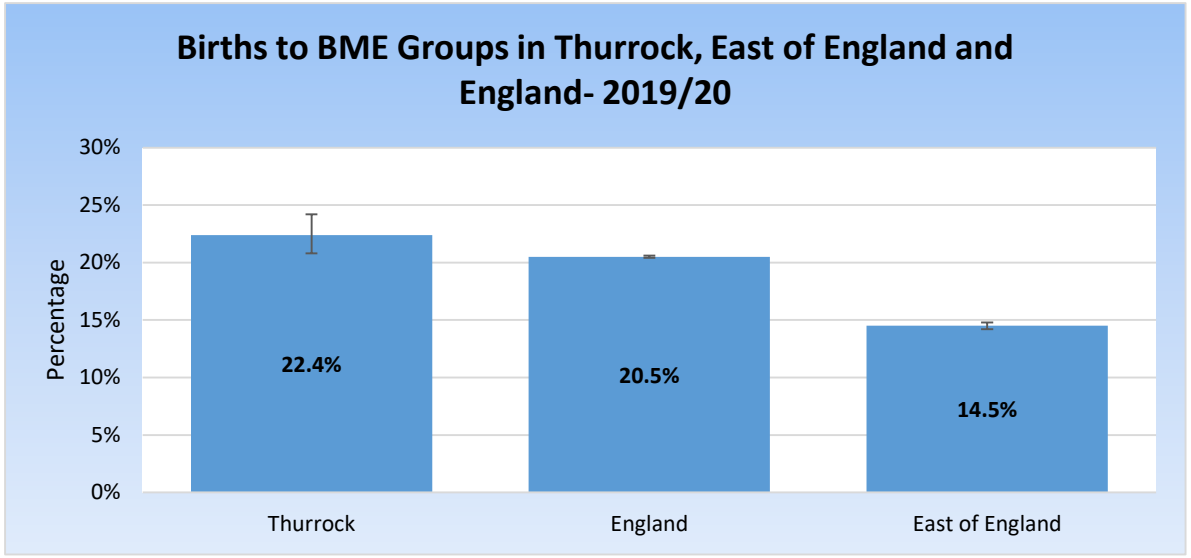
Source: PHE, 2017/18-2019/20.

Breastfeeding is associated with reduced risk of children becoming obese later in life. There are significantly higher rates of obesity in year 6 pupils than the England and regional averages. The current low breastfeeding rates in the borough could be contributing to the obesity prevalence observed in year 6 children. Although it is recognised that obesity is an extremely complex and multi-faceted issue.

# Pregnancies and births in Thurrock

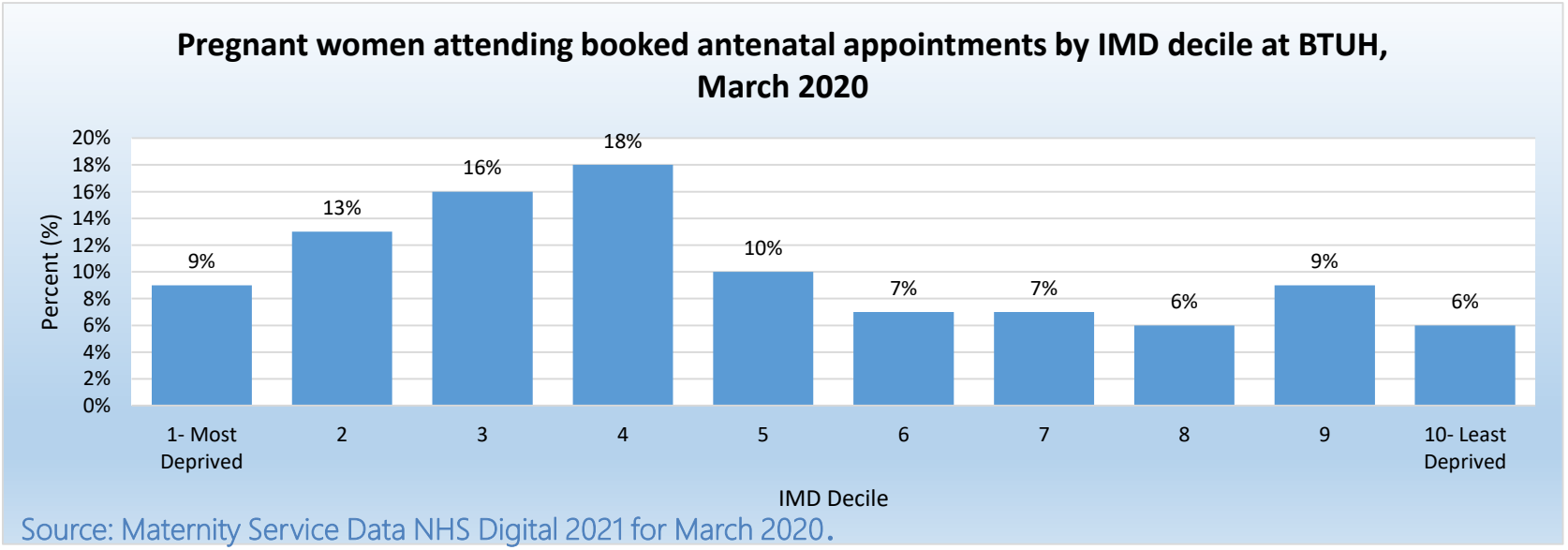
Births to BME groups accounted for 22.4% of births in Thurrock (2018/19). This was significantly higher than the East of England average. Women from BME groups are more likely to breastfeed and so the low prevalence of breastfeeding in Thurrock does not reflect this.

There was a higher proportion of pregnant women attending antenatal booking appointments who reside in the most deprived areas of the borough compared to the least deprived. This is important given the fact families on low income are less likely to breastfeed.



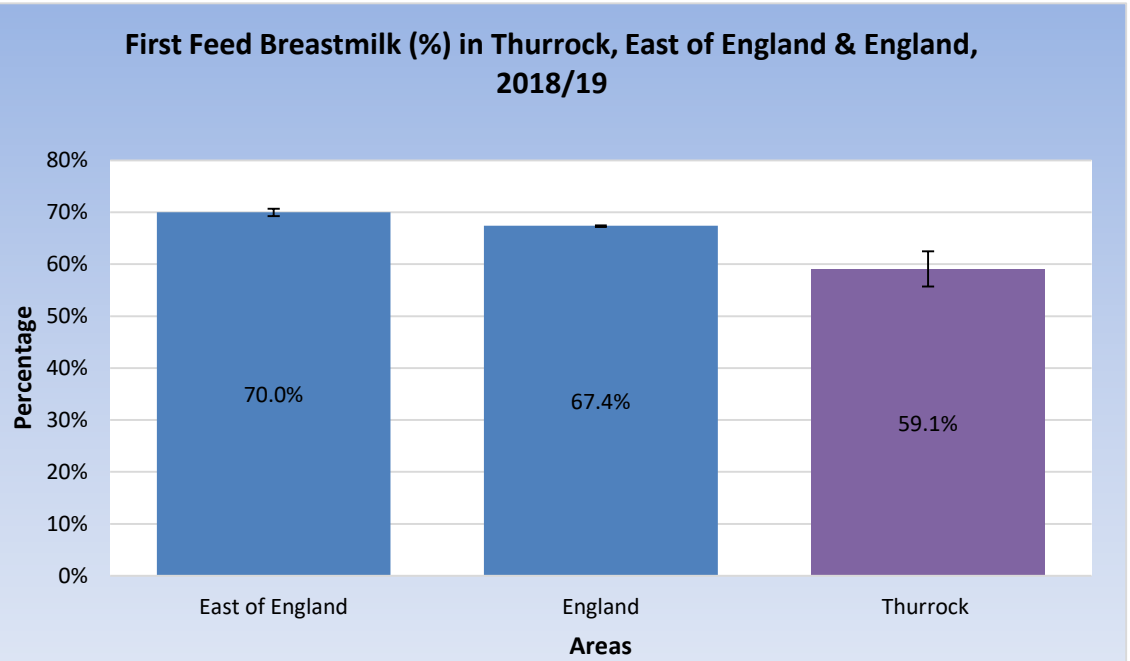

Source: PHE Fingertips – Child and Maternal Health, 2019/20.

Births to 25-34 year old women account for the largest percentage of births in Thurrock.

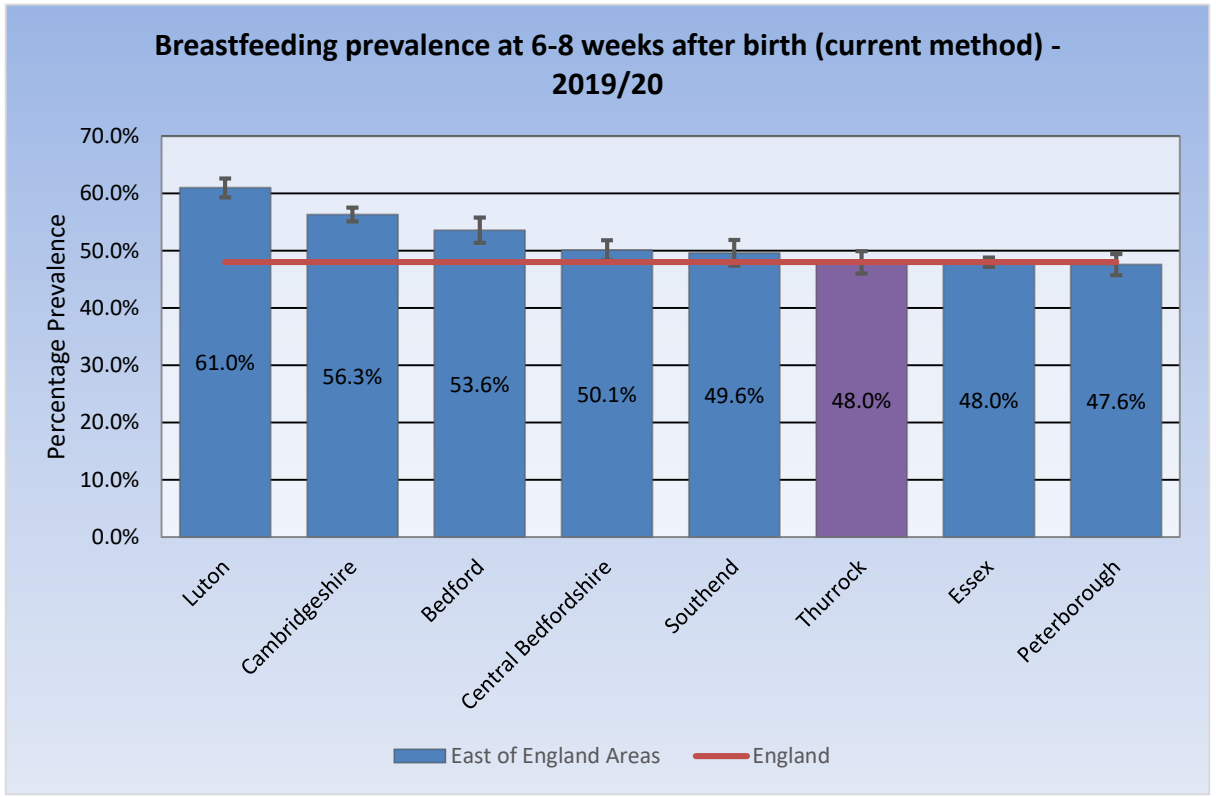



Source: Maternity Service Data NHS Digital 2021 for March 2020.

# Breastfeeding prevalence




Source: PHE Fingertips – Child and Maternal Health Profiles, 2018/19




Source: Public Health England National Child and Maternal Health Intelligence Network

In Thurrock, first feed breastmilk rates are low at 59.1%; this is significantly lower than the regional and national averages.

Reductions in breastfeeding rates in Thurrock are large, by 6-8 weeks post birth, breastfeeding (exclusive or partial) was 48% (2019/20)*. This is statistically similar to the England average and a similar drop is observed in comparator authorities and regionally.



*Data was not available from Norfolk, Hertfordshire, Suffolk, or Milton Keynes as comparators.

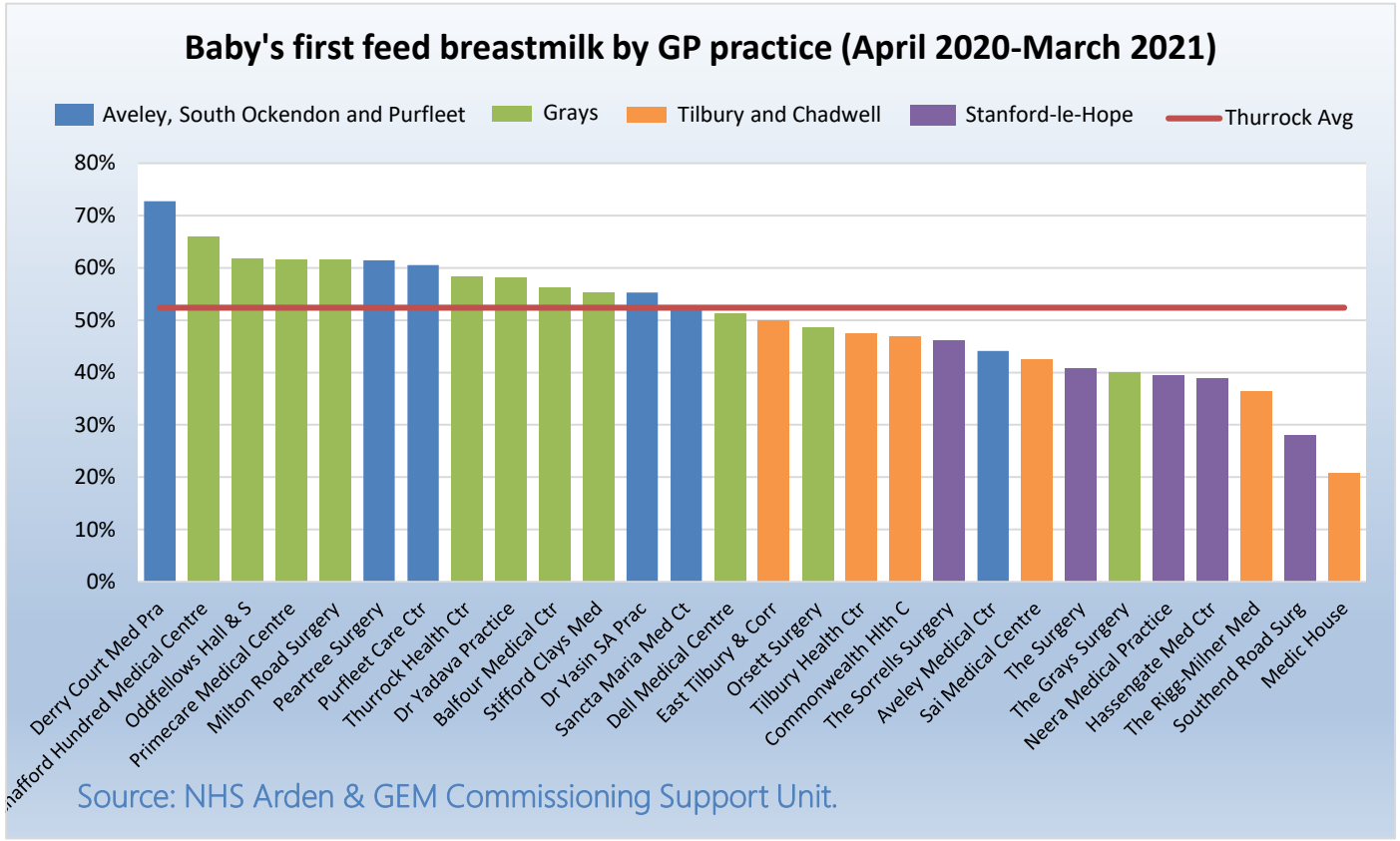
# Breastfeeding prevalence

Within Thurrock, there is a level of variation in rates of early breastfeeding. This can be seen in the graph at practice level.

Practice-level breastfeeding prevalence ranges from 20.8% (Medic House) to 72.7% (Derry Court Medical Practice).

Most of the GP practices with the highest prevalence are within the Grays PCN area (green), and all of the Tilbury and Chadwell and Stanford-le-Hope PCN practices have lower First Feed Breastmilk rates than the Thurrock average.

Research suggests women from BME groups are more likely to initiate and continue to breastfeed than white women. The increased ethnic diversity in the West and Central parts of the borough and the higher rate of breastfeeding at first feed in these geographical areas looks likely to support this.




Note – in order to understand approximate locations of these GP practices, a colour code has been applied to show the Primary Care Network area of each practice.

# Existing local offer in Thurrock to support Breastfeeding

NELFT Healthy Families offer – NELFT are BFI accredited and all staff are trained at level 3 to enable them to deliver support around breastfeeding. Infant feeding assessments conducted routinely during the antenatal and postnatal period containing information and support around breastfeeding and assesses intention to breastfeed. Once a baby is born NELFT contact the new parents and send out a Mother's questionnaire (twice annually)  to assess how new families are getting on and to signpost as needed.  The key contact points are; antenatally, new-born (10-14 days), 6-8 weeks. These contact points enable support to be offered in terms of breastfeeding e.g. positioning. There is a tongue tie clinic at BTUH.

NELFT work in partnership with the Children's Centres to deliver support to new mothers around breastfeeding. The offer varies across children's Centres with some providing a more comprehensive offer than others. In terms of equity of service this is something that needs to be reviewed and addressed.


Brighter Futures

# Existing local offer in Thurrock to support Breastfeeding

| Thurrock Breastfeeding Reassurance & Support (BRAs) Community Interest Group | Parents 1st | Feeding Together |
|---|---|---|
| A local breastfeeding peer support group. Groups are run by trained Association of Breastfeeding Mothers (ABM) supporters and a qualified breastfeeding counsellor. BRAs aims to support families with any breastfeeding concerns or worries and meets weekly (term- time only) at Hardy park. They provide wider support to families e.g. introducing solids.<br><br>BRAs have a Facebook page which provides support and advice through posts and provides information about events that may be useful to families. | Specialise in effective volunteering and peer support during the key life change of pregnancy, birth and becoming a parent. Support includes:<br><br>- One-to-one visits to expectant parents from a pregnancy pal<br>- Birth buddy support throughout the pregnancy, birth; immediately after birth and with feeding<br>- Antenatal sessions for mums which cover information about both breast and bottle feeding.<br><br>Expectant dad workshops cover the following topics:<br>- Relaxation for you and your partner<br>- Labour and birth<br>- Changes ahead<br>- Practical baby care including feeding and winding. | The NHS BTUH Feeding Together infant feeding service encompasses provision of information support and understanding to ensure a positive feeding experience for all mothers and their babies. The offer includes:<br><br>- A fully accredited UNICEF Baby Friendly maternity unit<br>- Information and support to pregnant women and new mums on breastfeeding and infant feeding issues.<br>- Home visits and telephone support to assist mums in getting feeding off to a good start<br>- Training, resources, and support for infant feeding across South West Essex.<br><br>A Facebook page where practical advice and support can be found around infant feeding (includes breast and bottle feeding e.g. how to get a good latch and how to implement paced feeding for mothers who are bottle feeding. |

# Benefits and Barriers to Breastfeeding

The benefits and barriers to breastfeeding are well documented in the evidence base. Below are some of the most common benefits/barriers that may influence a families' choice around breastfeeding.

## Benefits

Health Benefits

*For infant:*

- Reduced risk of Sudden Infant Death Syndrome
- Reduced risk of allergies developing later in life
- Reduced risk of contracting respiratory and ear infections
- Protects against pneumonia and necrotising enterocolitis.
- Reduced risk of developing Diabetes, Cardiovascular disease or becoming obese.

*For Mother:*

- Reduced risk of developing breast and ovarian cancer
- Reduced risk of developing diabetes, osteoporosis and cardiovascular diseases or becoming obese.

Wider Benefits

- Supports bonding through skin-to-skin and eye contact
- Provide children with a head start in education through optimal brain development, protection from illness, enables better eye focus leading to reading and learning readiness.
- Convenience
- Cost at an individual and system level (savings to the NHS)

## Barriers

Practical Difficulties

- Other children to care for
- lifestyle
- Lack of freedom or independence – leading to perceived inability to undertake daily activities
- Need to return to work
- Lack of public facilities in which to breastfeed comfortably

Support

- Lack of support from services and/or family
- Perceived insufficient milk supply
- Health of mother or infant and lack of support to assist with facilitating breastfeeding.
- Perception that bottle feeding is easier and more convenient

Societal

- Embarrassment/concerns about the views of others
- Feeling uncomfortable to breastfeed in public (relates to perceived lack of freedom/independence)
- Misconceptions about breastfeeding

# Key points from the evidence base

**Research with Mums:**
- Having encouragement from social and support networks makes mums more likely to breastfeed and breastfeed for longer.
- Women experience breastfeeding past six months as being viewed as socially unacceptable.
- Mums report feeling 'shamed' if they choose not to or struggle to breastfeed and discontinue.
- Mums report often feeling insufficiently reported and unprepared for the realities of breastfeeding.
- There is good evidence that support from fathers is critical to breastfeeding success in terms of initiation and maintenance and should be central in breastfeeding strategies and education.
- It shouldn't be assumed that teenage mums are less likely to breastfeed.

**Research with Fathers and Partners:**
- Fathers and partners role in breastfeeding can be easily overlooked or undervalued.
- Partners, fathers and families are influential in women's choices around breastfeeding.
- Men have reported feeling excluded by health professionals from breast feeding education
- In particular in lower income households it is reported that the infants father plays a crucial role in supporting decisions around breastfeeding
- It is acknowledged that a lot of research around Fathers is second hand information and reflects the views of the mother. More research into fathers' opinions attitudes and beliefs would be beneficial.

**Health promotion resources:**
- Research suggests some mums are not convinced by the information around the benefits of breastfeeding.
- Knowledge and benefits of the health benefits alone is not enough to encourage women to breastfeed.
- Providing information to adolescents that corrects misconceptions about breastfeeding is vital in supporting them to develop positive attitudes towards breastfeeding at an early age.

**Health professionals:**
- Some studies report health professionals feeling uncomfortable telling a mother how to feed their baby and have concerns they will make a women feel guilty for choosing not to breastfeed, highlighting a confidence and training issue.
- Capacity and resourcing is highlighted in the literature as a barrier to adequate support to families from health professionals
- Health professional can play an important role in supporting mothers returning to work around maintaining breastfeeding although capacity is highlighted as an issue here too.

**Cultural differences:**
- Breastfeeding is more prevalent in families where English is not the first language and where an additional language to English is spoken.
- In some cultures breastfeeding is viewed positively as a natural way to feed infants however in some culture feeding in public and particularly in front of men is forbidden as compromising a women's modesty.
- Breastfeeding policies and strategies need to be aware of differing cultural acceptability's in order to be inclusive and successful.

**Societal influences:**
- Research suggests that cessation of breastfeeding is largely related to negative influences culturally and socially.
- Breastfeeding education and promotion needs to be targeted more widely in society.
- The social research in Thurrock found feeding in public to be a key concern of the mothers taking part.
- The sexualisation of breasts as well as celebrity culture around body image may be playing an important part in the low breastfeeding prevalence in the UK
- Formula advertising and misconceptions around formula being of equivalent benefit to infants could be playing an important part in families' choices around infant feeding.

# Breastfeeding Social Marketing Research


Purpose

- Aims to explore the underlying and complex relationship and drivers associated with the large drop out rate of breastfeeding in Thurrock-
- Understand the lived experiences of women and their families.

Key Findings

- Majority of expectant mums intended to breastfeed either exclusively or by combi-feeding (mix of breast and bottle). Similarly 80% of mums with babies and 69% of mums with toddlers reported that they were breastfeeding.
- Main reasons for not choosing to breastfeed related to feeling uncomfortable abut breastfeeding in public, concerns baby wasn't getting enough milk, difficulties with latch and feeling breastfeeding is too stressful.
- Undiagnosed tongue tie and the need for more support for mums who had had a C-section was cited throughout the research as an important barrier to breastfeeding.
- The need for accurate, consistent information that reflected the 'realities' of breastfeeding that was offered in a supportive way and that reassured families that difficulties in the early days were normal but would get better was a recurring theme of the research findings.
- The science behind breast milk was viewed as important to families in supporting them to make an informed decision.
- More focus on breastfeeding as part of the antenatal offer was suggested by participants.
- Support with breastfeeding difficulties via virtual support and digital offer was also suggested as a way to support multiple families in a cost-effective way.
- Development of a single resource containing all information to support families to make an informed decision was suggested by participants.

# Key Findings/Recommendations

| Key Theme 1 | Key Findings | Key Recommendations |
|---|---|---|
| **System Wide Change** | • The system in Thurrock does not operate independently from the wider health system. The local hospital where the majority of women give birth (BTUH) is sited in Basildon and part of a wider Mid and South Essex (MSE) Health and Care Partnership area.<br><br>• There is a need for system wide change to impact on all pathways relating to breastfeeding and as part of the messaging and normalising of breastfeeding locally.<br><br>• Findings from the social marketing research undertaken to inform this needs assessment suggest that families would value more information about all infant feeding choices. This is supported by NICE guidance. | • A Thurrock (MSE & LMNS) approach will follow NICE guidance and local findings to offer support to families in making a healthy choice to exclusively breastfeed for 6 months and longer; including information around safe and responsive bottle feeding practices to support choices around expressing breast milk and formula feeding as needed (although formula feeding will not be actively promoted).<br><br>• To incorporate findings into the 0-5 wellbeing model to be tackled and driven as part of a wider piece of work collaboratively with Brighter Futures Partners.<br><br>• Seek agreement with the LMNS to develop a single point of access information pack and pathway containing consistent information and practical advice around:<br>- Nutritional benefits & Science behind Breastfeeding<br>- Practical support with latch & tongue tie<br>- Wider benefits<br>- Health benefits<br>- Information on sources of support<br>(should be co-produced with families to ensure it captures the lived experience of families, meets families needs and provides a 'realistic picture' of breastfeeding, the potential challenges that is supportive and reassuring).<br><br>• Strengthen links between Midwives, Primary Care and wider health professionals to ensure that the antenatal offer is equitable and consistent between professionals and across the LMS area to ensure families receive the same messages and approach throughout the pathway. |

| Key Theme 2 | Key Findings | Key Recommendations |
|---|---|---|
| **Digital Offer to support Breastfeeding uptake and initiation** | • Digital resources and communications have been highlighted through the social marketing research and the evidence base as being a good way to increase the capacity of services that supports families. This medium has been found to be acceptable to families in Thurrock with the opportunity to reach an increased number of families in a cost effective way.<br><br>• Findings of the social marketing research suggest that families found information about the science behind breast milk and the nutritional differences between breastmilk and formula useful in informing them to make an informed decision regarding breastfeeding. | • Public Health lead the development of a digital solution to provide information to families in an accessible way with links to videos and information about the science behind breastfeeding as part of the 0-5 wellbeing offer. This offer could include weekly text messaging/email service also providing encouragement an reassurance to families.<br><br>• Provision of information to families that explains the science behind breastmilk and the nutritional differences between breastmilk and formula . Videos and other resources do exist that focus on the science and could be shared as part of the digital offer (included above).<br><br>• Commissioners develop and incorporate virtual support via Skype or Face Time which could be held in the style of a webinar where families can ask for advice and support and health professionals can responds to multiple families at the same time who may be experiencing similar issues. |

| Key Theme 3 | Key Findings | Key Recommendations |
|---|---|---|
| **Messaging/ Normalising Breastfeeding** | • Messaging and the need to normalise breastfeeding has been consistently raised throughout the social marketing research and within the evidence base.<br><br>• The local offer needs to consider 3 elements of messaging in to relation to breastfeeding:<br><br>1) being really clear on what the message is including:<br>- nutritional benefits and science behind breastfeeding<br>- wider benefits<br>- health benefits<br>- normalising breastfeeding<br>- supporting families' choices around breastfeeding and offering guidance.<br><br>2) The level and sufficiency of the message – is it delivered at the right time, in the right way, accurate/factual and realistic<br><br>3) Consistency of the message – developing a consistent approach across the landscape to include Thurrock and South Essex through the LMNS. | • Develop a place based approach to normalise breastfeeding in the community and wider environment by working with businesses through the business forums to enhance the number of breastfeeding friendly venues (through the BFI) in Thurrock and make this visible to the community.<br><br>• Support employers with information and advice about being breastfeeding friendly and how to support mothers to continue to breastfeed once they return to work.<br><br>• Influence the production of local/new resources or literature to provide positive images that normalise breastfeeding in everyday scenarios (as part of the Brighter Futures communications plan). |

| Key Theme 4 | Key Findings | Key Recommendations |
|---|---|---|
| **Service Support/Offer** | • Consistency is required in terms of the training, knowledge, confidence and skills across Health professional including Midwives, Health Visitors, Primary Care and other professionals and requires strengthening to ensure the equity of and consistency of the offer to families across the entire pathway.<br><br>• The current service offer requires more multi-agency working to ensure that families receive the support they need in terms of breastfeeding.<br><br>• There is a need for professionals to offer consistent, non-judgemental information, encouragement, support and reassurance – that families are doing well, that things will get easier and that many women find it difficult in the early days but that is normal and okay.<br><br>• The evidence base highlighted that new parents can feel pressured to bottle feed by other members of the family who wish to be able to bond with the baby and offer respite to parents.<br><br>• Recognition that breastfeeding decisions are often made before pregnancy and even as early as during adolescence. | • Training offer – develop a consistent training offer and deliver a re-fresh of training for Primary Care, Maternity and other health professionals including wider support staff in the system such as Children's Centre staff.<br><br>• Expansion of breastfeeding training for primary care, including the development of Breastfeeding Champions within Primary Care and Children's centres as part of the strategy delivery plan.<br><br>• As part of the 0-5 wellbeing offer and universal service introduce the concept of a family 'plan' to demonstrate the commitment to breastfeeding. This will support the wider family to understand and respect parents' decisions to breastfeed whilst promoting inclusion of family member, who are able to support in other ways e.g. with bath-time etc.… The purpose of this is to give new parents periods of respite whilst enabling bonding with other families members but without disrupting the breastfeeding relationship. There is the potential to allow this plan to incorporate other important areas such as immunisations.<br><br>• Work with School Nurses (through Healthy Families Service) and schools to offer an education programme as part of PHSE to children about breastfeeding. |

| Key Theme 5 | Key Findings | Key Recommendations |
|---|---|---|
| **Involving Dads/Partners** | • Evidence highlights that the role of the fathers is often undervalued, although conversely fathers do want to be involved in decision making about breastfeeding and are receptive to receiving information about breastfeeding which can in turn have a positive impact on breastfeeding success.<br><br>• As per the views of women, men report having a misconception that breastfeeding will be easier and would like more information about the realities of breastfeeding.<br><br>• Research consistently emphasised the important role that fathers play in their partners' decision to breastfeed. | • The LMNS work towards routine inclusion of dads and partners in all feeding discussions as part of the antenatal provision through maternity services (linked to the training re-fresh and incorporated in the 0-5 wellbeing model).<br><br>• Build in provision to the antenatal offer of an inclusive session focussing on breastfeeding; targeted to both parents.<br><br>• Public Health to work with Children's centres to improve the equity of their offers – to include breastfeeding classes tailored to both parents as part of the Early Help transformation project. |

| Key Theme 6 | Key Findings | Key Recommendations |
|---|---|---|
| **Specialist Support** | • Throughout the research support for women who give birth via C-Section was noted as an area that requires review in terms of support with breastfeeding.<br><br>• The social research allowed a rich exploration of a sample of Thurrock families' views in relation to support for specialist areas that may be acting as a barrier to breastfeeding such as when a women has a c section and when a baby has tongue tie.<br><br>• Emerging evidence highlights the potential bi-directional relationship between breastfeeding and post-natal depression or illness. | • A review of breastfeeding support for women who have had C-Sections within the existing maternity offer, to be driven through the LMNS.<br><br>• Earlier identification and treatment of tongue tie to be explore through the LMNS and review any existing pathway for treatment and support for this issue, to maximise opportunities to advise new parents and support them to continue breastfeeding.<br><br>• Strengthen pathways for women with postnatal depression and those identified with or suspected postnatal illness to ensure timely support with breastfeeding to facilitate initiation and maintenance. |

# Acknowledgements


***Editors and Authors***

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|---|---|
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