

**REPORT OF THE REVIEW OF THE
BREASTFEEDING STRATEGY FOR
NORTHERN IRELAND**

MAY 2010

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SECTION 1

1. INTRODUCTION

1.1 Overview

A Breastfeeding Strategy for Northern Ireland was published in 1999 (the Strategy). As the Strategy has been in operation for 10 years, the Department of Health, Social Services and Public Safety (DHSSPS) acting jointly with the Health Promotion Agency (now the Public Health Agency), facilitated a Review of the Strategy. The in-depth consultation findings of the review are available as a separate document from the Public Health Agency.

The Review was managed by a Project Management Group comprising key organisations and stakeholders. The membership of the Project Management Group is listed at Appendix 1. The Group first met in December 2007.

1.2 Review Terms of Reference

The Terms of Reference for the review are:

To assess the extent to which the Strategy's aim is being met by:

- *Assessing progress of its recommendations.*
- *Reviewing the effectiveness of the frameworks, structures and processes in its implementation.*
- *Assessing whether the current Strategy promotes equality of opportunity between groups set out in section 75 of the Northern Ireland Act 1998, and*
- *To make recommendations on the way forward.*

1.3 Methodology and Approach

The Project Management Group agreed the following project plan:

Stage 1 - Review of relevant information

Stage 2 - Consultation with key stakeholders (focus groups, questionnaires)

Stage 3 - Report

1.4 Structure of Report

The Report is laid out in 8 sections which best convey information gained from consultations within the terms of reference for the Strategy Review. The structure of the report is as follows:

Section 2: The Strategy.

Section 3: A context for the Strategy.

Section 4: Strategy aim, objectives, structures, framework and processes.

Section 5: Review of Progress.

Section 6: Assessment of the Strategy's promotion of equality of opportunity.

Section 7: Recommendations.

Appendices.

SECTION 2

2. THE STRATEGY

This section of the Report looks at the background to and content of the Strategy.

2.1 Background

The Northern Ireland Regional Strategy for Health and Social Wellbeing 1997 – 2002 recognised the significant benefit for infant health offered by breastfeeding and set the following targets:

- By 2002 the proportion of women breastfeeding during the first two or three days after birth should be increased to 50%.
- By 2002 the proportion of women breastfeeding at six weeks should be increased to 35%.

In December 1997 the DHSSPS established a Breastfeeding Strategy Group to address the issue of poor breastfeeding rates in Northern Ireland. The aim of the Group was to ensure parents had a fully informed choice on infant feeding, to support the promotion of breastfeeding and to facilitate an increase in breastfeeding rates. A Breastfeeding Strategy for Northern Ireland was produced in August 1999.

The aim of the Strategy is to promote and support breastfeeding.

The Strategy identified the following key areas for action:

- Co-ordinating activities
- Commissioning services
- Collecting regional information
- Focusing research
- Training health professionals
- Supporting special needs infants and their mothers
- Raising public awareness
- Limiting promotion of artificial milk
- Legislative changes
- Monitoring progress

The actions require concerted collaborative efforts from a number of Departments, Boards, Trusts and Agencies including the non-statutory sector and lay groups.

2.2 Implementation Group

An Implementation Group was established to take the Strategy forward. The Group is currently chaired by the DHSSPS and is facilitated by the Public Health Agency.

SECTION 3

3. A CONTEXT FOR THE STRATEGY

There have been a number of strategic changes, developments, and research findings since the publication of the Breastfeeding Strategy. This section makes reference to some of these. This is not an exhaustive list and is meant to be illustrative of the context in which the Strategy sat over the past ten years.

Ministerial Group on Public Health (MGPH)

MGPH replaced the Inter-departmental Group on Health in 1997. It is chaired by the Minister with responsibility for DHSSPS and its membership comprises senior representatives from all Departments. MGPH was responsible for the development of *Investing for Health* and has responsibility for co-ordinating and monitoring its implementation and associated health improvement strategies.

Investing for Health

The public health strategy '*Investing for Health*', which was published in March 2002, sets a framework for improving health and reducing health inequalities. It seeks to encourage and enable people to make healthier choices. The Strategy acknowledges that breastfeeding is the best means of giving infants a healthy start in life and endorses the actions in the Breastfeeding Strategy to promote and support breastfeeding.

Fit Futures and Obesity Prevention

The Fit Futures Taskforce was established in 2004 by MGPH in response to increasing concerns about the health implications of rising levels of overweight and obesity in children and young people. The final report of the Fit Futures taskforce was published in March 2006. It recommended a number of actions, including action to increase the percentage of children being breastfed at six months.

DHSSPS established an Obesity Prevention Steering Group to oversee, review and drive forward the Fit Futures Implementation Plan. Much work has already been and continues to be undertaken towards preventing obesity and reducing the numbers of people currently obese. The Obesity Prevention Strategic Framework includes recommendations from the Fit Futures Implementation plan and carries these further, making the framework relevant to people throughout the entire Life Course. The Framework is planned for publication in 2010.

A Healthier Future - A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025

A Healthier Future – A Twenty Year Vision for Health and Social Wellbeing in Northern Ireland 2005-2025 states that one of the best ways we can improve the health and wellbeing of the population is by improving the health and wellbeing of children and their parents. A good start in life is the best way of reducing the likelihood that we will experience illness and social harm. The Strategy sets targets that by 2025, 70% of all infants will be breast-fed by one week after birth and by 2025, 40% of all infants will still be breast-fed at 6 months.

Global Strategy for Infant and Young Child Feeding

The WHO Global Strategy for Infant and Young Child Feeding published in 2003 aims to revitalise efforts to promote, protect and support appropriate infant and young child feeding. The Strategy calls for action in a number of areas including that all mothers should have access to skilled support to initiate and sustain exclusive breastfeeding for 6 months and ensure the timely introduction of adequate and safe complementary foods with continued breastfeeding up to two years or beyond and that Governments should enact imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement in accordance with international labour standards.

Protection, Promotion and Support of Breastfeeding in Europe: A Blueprint for Action

The Blueprint for Action for the protection, promotion and support of breastfeeding in Europe was published in 2004 and revised in 2008. The Blueprint for Action is a model plan which outlines the actions that a national or regional plan should contain and implement. It incorporates specific interventions and sets of interventions for which there is an evidence base of effectiveness with the aim of achieving a Europe-wide improvement in breastfeeding rates; more parents who are satisfied with their breastfeeding experience; and health workers with improved skills and greater job satisfaction.

Protection, promotion and support of breastfeeding in Europe a blueprint for action <http://www.healthpromotionagency.org.uk/work/breastfeeding/pdfs/newblueprintprinter.pdf>

NICE (National Institute for Health & Clinical Excellence) Guidance

DHSSPS has a formal link with NICE to locally review the NICE guidance for its applicability to Northern Ireland and, where found to be applicable, is endorsed by the Department for implementation in the HSC. NICE guidance relating to breastfeeding includes: Routine postnatal care of women and their babies; Maternal and Child Nutrition; and The effectiveness of public health interventions on breastfeeding. To date the guidance relating to routine postnatal care of women and babies has been endorsed for Northern Ireland.

NICE Maternal and Child Nutrition Guidelines

<http://guidance.nice.org.uk/PH11/Guidance/pdf/English>

The effectiveness of public health interventions to promote the duration of breastfeeding

http://www.nice.org.uk/niceMedia/pdf/Breastfeeding_vol_1.pdf

WHO/UNICEF Baby Friendly Initiative

The WHO/UNICEF Baby Friendly Initiative is a global accreditation programme aimed at improving practice in health services in order to increase breastfeeding rates. In 2006 the Health Promotion Agency and UNICEF established the first Service Level Agreement in the UK for provision of a professional post to support best practice in line with the Baby Friendly Initiative.

Ip S, et al (2007) Breastfeeding and Maternal Health Outcomes in Developed Countries. AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality.

This review carried out in the USA screened over 9,000 papers and used evidence from 400. It refers only to health outcomes in developed countries. The review found that breastfeeding is associated with a significant reduction in the incidence of: acute otitis media, non-specific gastroenteritis, severe lower respiratory tract infections, atopic dermatitis, obesity, type 1 diabetes, type 2 diabetes, childhood leukaemia, sudden infant death syndrome, necrotizing enterocolitis, maternal breast cancer and ovarian cancer. <http://www.ahrq.gov/Clinic/tp/brfouttp.htm#Report>

Horta B et al (2007) Evidence on the long-term effects of breastfeeding. WHO.

This paper reports on a series of systematic reviews to assess the effects of breastfeeding on blood pressure, diabetes and related indicators, serum cholesterol, overweight and obesity, and intellectual performance. It found a significant reduction in the incidence of obesity and overweight and type 2 diabetes. It also found that individuals who were breastfed had lower systolic blood pressure, lower cholesterol and better performance in intelligence tests.

http://www.who.int/child_adolescent_health/documents/9241595230/en/

Although the protective effects of breastfeeding on gastroenteritis and respiratory infections have not been questioned, attempts have been made to dismiss these in developed countries as mere ‘tummy upsets’ or ‘coughs and colds’, whereas in reality a reduction in severe infection resulting in hospitalisation has been found. The Millennium Cohort Study is a nationally representative longitudinal study of 18,819 infants who were born in the UK in 2000-2002. Data on infant feeding, infant health, and a range of confounding factors were available for 15,890 healthy, singleton, term infants who were born during this period. This study found that 53 per cent of diarrheal hospitalisations each month could have been prevented by exclusive breastfeeding and 31 per cent by partial breastfeeding. A total of 27 per cent of lower respiratory tract infections could have been prevented each month by exclusive breastfeeding and 25 per cent by partial breastfeeding. **Quigley M et al (2007) Breastfeeding and Hospitalization for diarrheal and respiratory infection in the United Kingdom Millennium Cohort Study.**

<http://pediatrics.aappublications.org/cgi/content/abstract/119/4/e837>

Evidence base for interventions to improve breastfeeding rates

Systematic reviews

Cochrane Intervention Review – Support for breastfeeding mothers

<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD001141/frame.html>

Cochrane intervention Review – Interventions for promoting the initiation of breastfeeding

<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD001688/frame.html>

A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding

<http://www.hta.ac.uk/fullmono/mon425.pdf>

Guidance Documents

The Effectiveness of Interventions to Address Health Inequalities in the Early Years,
A review of relevant literature

<http://www.scotland.gov.uk/Resource/Doc/231209/0063075.pdf>

Early life nutrition and lifelong health

http://www.bma.org.uk/images/Early%20life%20nutrition%20FINAL_tcm41-182859.pdf

Commissioning local breastfeeding support services

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_106501

Peer Support Commissioning Guide Document

<http://www.nice.org.uk/usingguidance/commissioningguides/breastfeed/breastfeed.jsp>

Breastfeeding and the Law

Many countries and states in the US have introduced breastfeeding laws to specifically support and encourage breastfeeding.

Under the Breastfeeding etc. (Scotland) Act 2005, it is an offence to prevent or stop a mother from feeding her child (under two years of age) in a public place or licensed premises, so long as the child is lawfully allowed to be there. The offence carries a fine of up to £2,500. If a person does so, while acting in the course of employment, then the employer is also deemed liable, whether or not the offence was carried out with the employer's knowledge or approval.

The Single Equality Bill introduced in April 2009 pulls together various pieces of discrimination legislation to create a more equal society and covers England, Wales and Scotland. The Bill's measures include strengthened protection for breastfeeding mothers, allowing mothers of children up to one year old to feed their baby discreetly in public, and is likely to carry a fine of up to £2,500 for those preventing this. The Bill is currently going through Parliament.

NI has its own equality legislation. Currently breastfeeding women here would be protected under existing sex discrimination legislation in relation to the provision of goods or services. This is implicit rather than explicit legislation promoting breastfeeding.

Infant Feeding Survey

The UK Infant Feeding Survey aims to provide national estimates of breastfeeding incidence, prevalence and duration as well as capturing data on other aspects of infant feeding, such as information about weaning practices. The Survey highlights that breastfeeding rates are lower in Northern Ireland than the rest of the UK, although breastfeeding rates showed an increase in 2005 since 2000.

In 2008 the Scientific Advisory Committee on Nutrition issued a position statement on the Infant Feeding Survey 2005. The paper identifies some of the key areas to be addressed including raising awareness of the health risks associated with not breastfeeding, encouraging discussion of infant feeding during pregnancy, facilitating

both hospital and community environments so that they are conducive to breastfeeding and ensuring that infant feeding advice and support are widely available and accessible to those who require it.

Sure Start

The Sure Start programme was introduced in Northern Ireland during 2000/01. Targeting social need, it aims to improve the health and well-being of families and children by working with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children so that they can flourish at home and when they go to school. Sure Starts are ideally placed to provide advice and support to breastfeeding mums including peer support. Responsibility for Sure Start transferred to the Department of Education in November 2006.

Healthy Start

Healthy Start is a statutory Scheme introduced across the UK in November 2006 to replace the Welfare Food Scheme. Healthy Start vouchers are available to pregnant women and families with children under 4 years old receiving one of a range of benefits or tax credits, and to all pregnant women under 18 years old. The vouchers can be spent on liquid cow's milk, fresh fruit and vegetables and infant formula at participating retail outlets. Free vitamins are also available through the Scheme. The Scheme provides health professionals the opportunity to provide advice and support on issues such as healthy eating and breastfeeding.

SECTION 4

4. STRATEGY AIM, OBJECTIVES, STRUCTURES, FRAMEWORK AND PROCESSES

This section of the report looks at the Strategy's aim and objectives and the support structures, frameworks and processes put in place to direct and support its implementation.

4.1 Strategic Aim

The overall aim of the Strategy is to provide a framework for evidence based approaches for breastfeeding promotion and support in a variety of settings in Northern Ireland.

4.2 Objectives

The Strategy contains 28 recommendations to support its medium and long term objectives:

- Province-wide co-ordination of breastfeeding promotional activities
- Commissioning of breastfeeding support within the health service
- Detailed and uniform collection of infant feeding statistics
- Research into effective means of breastfeeding promotion
- Improved training in lactation management for health professionals
- Supporting breast milk feeding for special needs infants
- Raising public awareness of the importance of breastfeeding
- Cessation of artificial milk promotion within the health service
- Adopt the recommendations following review of the milk token scheme in England
- Bringing the marketing of infant foods and feeding products into line with the International Code of Marketing of Breast Milk Substitutes.

4.3 Breastfeeding Strategy Implementation Group

As outlined in the Strategy a multi-agency Group was established to oversee implementation of the Strategy. The Group is required to monitor the implementation of the activities in the Strategy and share information on progress made with relevant agencies and individuals.

4.4 Terms of Reference

The terms of reference of the Implementation Group are:

- to provide advice and strategic direction to the Department, Health and Social Services Boards and Trusts on the implementation and monitoring of the Breastfeeding Strategy Action Plan;

- to provide support to, and prioritise areas of action for the Breastfeeding Co-ordinator
- to meet 3-4 times per year to review progress.

There will be a core membership, with regional, multidisciplinary and voluntary representation. Members can be co-opted onto the group as necessary for future work.

4.5 Agents for Action

The Strategy identifies Agents for Action to take forward specific recommendations. These include commissioners and providers, the Northern Ireland Breastfeeding Strategy Group, DHSS, Queens University of Belfast, the University of Ulster, the voluntary sector, National Board for Nursing, Midwifery and Health Visiting, Health Promotion Agency and the Department of Education. These Agents for Action will need to be revised in light of the new Health and Social Care organisations and structures established in April 2008 and 2009 following the Review of Public Administration.

4.6 Reporting and Monitoring Requirements

The Strategy provides for the Northern Ireland Breastfeeding Strategy Group to monitor the implementation of the activities identified in the Strategy and report within twelve months of its launch. It also requires the Group to share information on progress made with relevant agencies and individuals.

4.7 Funding

The Department has provided funding towards breastfeeding promotion and support mainly through the appointment of a regional Breastfeeding Co-ordinator in 2002 based at the Health Promotion Agency for Northern Ireland (now Public Health Agency).

A small amount of funding has also been allocated towards regional breastfeeding public information campaigns in line with the Strategy's action area to raise public awareness.

Many healthy lifestyle strategies are linked and a small proportion of funding has been drawn from funding towards Fit Futures/ obesity prevention, which also recognises the importance of breastfeeding.

Whilst the funding made available by the Department towards breastfeeding promotion and support has been relatively limited in comparison to funding made available for other healthy lifestyle strategies, it has been effectively managed and is considered good value for money.

Breastfeeding posts, promotion and support initiatives have also been supported locally, although not consistently, by the health and social care sector.

SECTION 5

5. REVIEW OF PROGRESS

5.1 Overview

A key element of the review was consultation with key stakeholders. This section of the report summarises the key findings as a result of those consultations and an overview of the progress towards meeting the Strategy's overall aim and objectives.

5.2 Consultation

The Strategy review group developed a list of potential stakeholders involved in the delivery or implementation of any of the action points within the Northern Ireland Breastfeeding Strategy. Based on that list a series of consultation questionnaires were developed for individual stakeholder groups. Focus groups were also held to gather the views of mothers with babies under one year.

5.3 Questionnaires

Each questionnaire gathered information on stakeholder's knowledge of what progress has been achieved in implementing the action points. This was explored in terms of specific successes and barriers in the process. Several stakeholder groups were consulted in relation to the achievement of all/almost all action points of the strategy whereas other stakeholders were only consulted on the achievement of action points that specifically fell into their remit. A summary of all stakeholder groups involved in the review, the action points each group responded to, and the response rates are included in the full results of the responses to the questionnaires available from the Public Health Agency.

5.4 Focus Groups

To gather the views of mothers with babies under one year eight focus groups (including three mini focus groups) and one interview were conducted during November 2008 by Perceptive Insight Market Research. The qualitative research included both mothers who still breastfed their babies and those mothers who ceased breastfeeding sooner than they originally intended. Groups were held across all four HSS Board areas, with two focus groups drawing on Sure Start based breastfeeding groups. Participating mothers were from less affluent backgrounds and varied in age from 16 to 44. One focus group included young expectant women/mothers from the SAM (School Aged Mothers) project to provide insight into the issues faced by young mothers. The full research report is available from the Public Health Agency (Perceptive Insight Market Research, 2009).

5.5 Targets

The following targets have been set in relation to breastfeeding in Northern Ireland:

- By 2002 the proportion of women breastfeeding during the first two or three days after birth should be increased to 50%.

- By 2002 the proportion of women breastfeeding at six weeks should be increased to 35%.
(Northern Ireland Regional Strategy for Health and Social Wellbeing 1997 – 2002)
- To increase to 20% the % of children being breastfed at six months by December 2010
(Fit Futures)
- By 2025, 70% of all infants will be breast-fed by one week after birth
- By 2025, 40% of all infants will still be breast-fed at 6 months
(A Healthier Future - A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025)

Results from the Infant Feeding Survey shows that the initial incidence of breastfeeding in Northern Ireland has increased from 45% in 1995 to 54% in 2000 and 63% in 2005. While we still have a lower initiation breastfeeding rate than the rest of the UK, the increase for initiation breastfeeding rates over the 2000 to 2005 period was greater in Northern Ireland than anywhere else in the UK.

The data from the 2005 survey indicates that the target proportion of 50% for prevalence of breastfeeding at 2 and 3 days has been surpassed (57% and 53% respectively).

In the 2005 survey, the prevalence of women breastfeeding at 6 weeks is 32% in comparison to 26% in 2000; at 6 months the prevalence is only 14% (2005) in comparison to 10% in 2000.

The next Infant Feeding Survey is scheduled to take place during 2010.

Mothers in Northern Ireland who opt to breastfeed do so for a shorter period than breastfeeding mothers in other GB regions, where decreasing rates are also observed.

In April 2008, the Public Service Agreement (PSA 12) to improve the health and wellbeing of children and young people in England included a measure to increase the prevalence of breastfeeding at 6 – 8 weeks. PCTs are required to provide quarterly returns to the Department of Health (London).

A target has been set for NHS Boards in Scotland to increase the proportion of babies who are exclusively breastfed at 6-8 weeks has to increase from 26.6% in 2006/07 to 33.3% in 2010/11.

5.6 Recommendations and Action Areas

Key achievements in taking forward the Breastfeeding Strategy's recommendations include the appointment of a Regional Breastfeeding Co-ordinator in 2002 and the regional public information campaigns which include "Breastfeeding – good for baby, good for mum" and the campaign specifically focusing on fathers. NI also participated and supported the annual Breastfeeding Awareness Week. A range of resources have been produced for both the public and healthcare professionals, including the website www.breastfedbabies.org and a breastfeeding awareness in schools CD teaching resource.

The Human Milk Bank has been successfully established to support breast milk feeding of special needs infants. The consultation discussions indicate particular challenges facing the Milk Bank, including the need for recognition among all professional groups of the importance of human milk for vulnerable babies.

Hospital and Community Trusts across Northern Ireland have been implementing the UNICEF Baby Friendly Initiative best practice standards which resulted in positive changes in breastfeeding rates, advice and support provided, breastfeeding practices, staff attitudes and training. Progress has been made in compliance with the WHO Code of Marketing of Breast Milk Substitutes. However the discussions highlighted that there is still an ongoing challenge. In line with NICE guidance several mother to mother peer support programmes have been introduced to help women access breastfeeding support in their own communities from other mothers who have breastfed themselves.

There has been an increase in the establishment of Breastfeeding Co-ordinator posts, particularly within Maternity Units, however it is noted that the appointment of breastfeeding co-ordinators with protected time in all maternity units has not yet been achieved and the role of a community breastfeeding co-ordinator is not in place in all 5 Trusts.

The Child Health System (CHS) has been developed in the way it captures data over the lifetime of the Breastfeeding Strategy. However the review indicates that the CHS is still not meeting its data capturing function fully, mainly due to the software currently available and through inconsistencies in the recording of data.

The main area of research undertaken within the Strategy focused on the most effective methods of promoting and supporting breastfeeding. The review highlights that ongoing investigation is required, in particular on how best to reach those least likely to breastfeed and the reasons for early cessation.

There has been widespread support from local councils and businesses for the “Breastfeeding Welcome Here Scheme, which aims to make breastfeeding in public more socially acceptable.

The consultation discussions indicated variations of opinion within the groups of professionals as to how well the action points were implemented.

An analysis of activity undertaken to implement the Strategy’s 9 key areas of action is set out in Appendix 2.

5.7 Conclusion

Significant progress has been made since the publication of the Strategy in August 1999, with all of the action areas being either being fully or to a large extent implemented. The review of progress against the Strategy’s action areas has also highlighted recommendations which were not fully achieved, and therefore require further action and focus.

The Northern Ireland Breastfeeding Strategy Implementation Group has been the key driver in taking forward the Strategy's recommendations through a co-ordinated and collaborative approach with the Statutory and Voluntary and Community sectors. There has been improved support for breastfeeding particularly within the health service and in community settings.

While it is acknowledged that Northern Ireland has the lowest breastfeeding initiation rates in comparison to the rest of the UK, the Infant Feeding Survey has indicated an increasing upward trend in breastfeeding rates in here.

It is concluded that the Breastfeeding Strategy has achieved its aim to promote and support breastfeeding.

SECTION 6

6. ASSESSMENT OF THE STRATEGY'S PROMOTION OF EQUALITY OF OPPORTUNITY

6.1 Overview

In assessing the extent to which the Breastfeeding Strategy's aim is being met, the terms of reference of the review include an assessment of whether the current Breastfeeding Strategy promotes equality of opportunity between groups set out in section 75 of the Northern Ireland Act 1998. This section of the report summarises the equality issues considered when reviewing the current Strategy. This preliminary screening will also prepare the way for the future screening of any new or revised Breastfeeding Strategy.

The mechanism of screening is used to determine whether the policy is likely to:

- have an adverse impact on any of the Section 75 groups;
- provide an opportunity for promoting good relations;
- meet the requirements of Human Rights legislation; and
- provide an opportunity for promoting positive attitudes towards people with a disability or encouraging them into public life.

In light of the outcome of the screening, a decision is taken on whether a full detailed Equality Impact Assessment (EQIA) is required.

6.2 Equality/Good Relations: Section 75 of the NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires the Department of Health, Social Services and Public Safety (DHSSPS) in carrying out its functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependents and persons without.

In addition, DHSSPS should also, in carrying out its functions, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Consequently as part of the review of the Breastfeeding Strategy, consideration has been given to determine whether there has been any adverse or differential impact as regards equality of opportunity in relation to the following nine equality (S75) groups:

- religious belief
- sexual orientation
- political opinion
- gender

- racial group
- disability (those with a disability and those without)
- age
- dependency (those with dependants and those without)
- marital status.

Preliminary screening of the Breastfeeding Strategy indicates that there is no evidence of an adverse impact on any particular S75 Group. The Strategy clearly has a differential impact in favour of women of child bearing age which is acceptable as this is the target audience for the health promotion message promoting breastfeeding. The differentials noted for the Groups relate to disability and ethnicity as it is considered likely that there may be some who may have particular requirements with regard to access to breastfeeding information and support. In regard to sexual orientation, it is recognised that negative or discriminatory attitudes towards lesbian and bisexual women may be a barrier to them accessing breastfeeding information and support. Whilst these findings do not suggest any need for alternative policies or measures to reduce differential effects, it is recommended for future consideration that further research (e.g. attitudinal, behaviour, support needs) and any subsequent action (e.g. education, training, public information campaigns, and practical support) is taken to help address any possible adverse inequalities. As screening did not highlight any significant or major adverse implications for equality of opportunity, and no changes are required to the policy, it is considered that this Strategy need not be subjected to a full equality impact assessment.

As part of the screening process, consideration has also been given to how the Strategy promotes good relations in respect of the 3 groups:

- religious belief
- political opinion
- racial group

There are no further measures that could be added to this policy that would promote good relations.

6.3 The Human Rights Act 1998

The Human Rights Act 1998 gives legal status in UK law to fundamental human rights set out in the European Convention on Human Rights (ECHR). Public bodies now have a statutory duty to ensure that their decisions and actions are compatible with ECHR and to act in accordance with these rights.

It is considered that the implementation of the Breastfeeding Strategy recommendations has had a positive impact with regard to Human Rights (UN Convention on the Rights of the Child Article 24).

6.4 Disability Discrimination Act (1995) (DDA)

Under the most recent amendment of the 1995 Disability Discrimination Act, that came into effect in January 2007, public authorities, in all areas of their work must now consider how to:

- promote positive attitudes towards disabled people; and
- encourage participation by disabled people in public life.

There are no further measures that could be added to this policy that would further the disability duties.

6.5 Targeting Social Need/ Health Inequalities

The Targeting Social Need (TSN) policy aims to tackle poverty and exclusion by targeting the efforts and available resources of public agencies towards the people, groups and areas objectively defined as being in greatest social need. New TSN includes a special focus on tackling the problems of unemployment, but also targets inequalities in health, housing, education and other policy areas. Breastfeeding is recognised as having an important role in helping to address inequalities in health between lower and higher socio-economic groups.

The UK Infant Feeding Survey highlights that young women from low income areas are least likely to breastfeed for a number of reasons. To help address this issue, action in line with the Breastfeeding Strategy included public information campaigns; local breastfeeding peer support groups with the support of voluntary and community groups and initiatives such as Home Start and Sure Start; and breastfeeding projects set up under the Investing for Health Partnerships whereby Trusts work in partnership with voluntary and community groups to promote the benefits of breastfeeding in local areas.

SECTION 7

7. RECOMMENDATIONS

It is clear from consideration of the information gathered that significant progress has been made in relation to achieving the aim of and actions contained in the Breastfeeding Strategy for Northern Ireland. Breastfeeding rates continue to rise in Northern Ireland and this owes much to the co-ordinated support within the HPSS in the implementation of the actions in the Strategy. It is also clear that the progress has been made as a result of the dedicated work of the members of the Breastfeeding Strategy Implementation Group, and in particular the regional Breastfeeding Co-ordinator.

Following consideration of the outcomes of the consultation and the emerging themes the Project Management Group established to review the Strategy makes the following recommendations:

1. An inter-sectoral Writing Group representing key interests should be established to develop a new Breastfeeding Strategy.
2. The new Strategy should articulate high level commitments; link to the Government's Comprehensive Spending Review (CSR) (i.e. the Government's spending plans and priorities cycle); and link with relevant Strategies such as the Obesity Prevention Framework.
3. The new Strategy should set out structures, both regional and local with clear roles and responsibilities.
4. The new Strategy should set out clear aims and objectives and include measurable targets.
5. The new Strategy should include long and short-term commitments and identify the key delivery organisations.
6. The Department of Health, Social Services and Public Safety and the Health and Social Care organisations should avail of opportunities to bid for recurrent resources for implementation of action plans developed in line with the new Strategy.
7. The new Strategy should continue to focus on changing public perceptions and promoting positive attitudes towards breastfeeding; supporting those least likely to breastfeed including young mothers and those in low income groups; and addressing the requirements of those who may have particular needs for example, vulnerable infants (including ill, premature and infants with special needs), and those from an ethnic minority community.
8. The new Strategy should seek to establish effective links between breastfeeding research and breastfeeding policy including research commissioning, surveillance, local needs and dissemination.

9. The Writing Group will wish to consider the key barriers and emerging themes raised in the consultation findings of the review to inform the development of the new Strategy.

10. The Ministerial Group on Public Health (MGPH) will be responsible for the overall monitoring of the new Strategy and progress on its implementation will be submitted to MGPH on an annual basis.

APPENDIX 1

PROJECT MANAGEMENT GROUP – MEMBERSHIP

Gerard Collins ¹	Investing for Health Unit, DHSSPS	Chair
Janet Moore	Investing for Health Unit, DHSSPS	
Dr Heather Livingston ²	Senior Medical Officer for Child and Maternal Health, DHSSPS	
Janet Calvert	Regional Breastfeeding Co-ordinator, Public Health Agency (formerly Health Promotion Agency)	
Dr Diana Gossrau-Breen	Health Intelligence Manager, Public Health Agency (formerly Health Promotion Agency)	
Gillian Anderson	Breastfeeding Co-ordinator, Antrim Area Hospital	
Dr Carol Campbell*	Community Paediatrician, Western HSC Trust	(Acute representative)
Gerry Bleakney	Public Health Agency (formerly Public Health Department, Eastern HSS Board)	
Sarah McCann	La Leche League	
Janet Taylor ³	Child Health Services South Eastern HSC Trust	(Community representative)
Denise Boulter ⁴	Nursing Officer (Midwifery), DHSSPS	
Walter Stafford ⁵	Equality, Human Rights and Public Safety Branch, DHSSPS	
June Hamilton ⁶	Investing for Health Unit, DHSSPS	Secretariat

¹ Gerard Collins replaced Pat Osborne as Chair in February 2009

² Dr Heather Livingston replaced Dr Liz Reaney in October 2008

³ Janet Taylor is deputised onto the Group, in the place of Eileen McEneaney who joined the Group in October 2008

⁴ Denise Boulter joined the Group in February 2010

⁵ Walter Stafford in February 2010, replaced Heather Robinson who joined the Group in February 2009

⁶ June Hamilton joined as secretariat to the group in February 2010, replacing Heather Rainey who had previously replaced Jacqui Todorov.

* Dr Carol Campbell retired at the end of November 2009.

ACTION 2

Commissioning Services

Given Northern Ireland's low breastfeeding rate and the targets set within the Regional Strategy, HPSS commissioners of services should give priority to breastfeeding promotion, support and management issues within their commissioning intent documents.

Recommendation	Agents for Action	Outcomes
<p>Breastfeeding specific services should be included in the commissioning intent documents of Board and primary care commissioning groups.</p> <p>Commissioners should promote the achievement of the UK Baby Friendly Initiative's Awards in hospital and community settings.</p> <p>The commissioners responsible for breastfeeding services should meet on an annual basis to share information and experience.</p>	<p>Commissioners and providers</p>	<p>Breastfeeding specific services are included in strategic planning documents i.e. Health Improvement and Health & Wellbeing Improvement Plans.</p> <p>Good progress reported in achieving UK Baby Friendly Initiative accreditation. Implementation of BFI resulted in positive changes in breastfeeding rates, advice and support provided, breastfeeding practices, staff attitudes and training.</p> <p>Annual meetings not convened. Information on breastfeeding shared at Health Promotion Commissioners meetings.</p>

ACTION 3

Collecting Regional Information

Procedures are needed for capturing regional information on breastfeeding incidence and prevalence across the province. This information should be collected in a standardised format to allow comparisons and calculation of trends over time.

Recommendation	Agents for Action	Outcomes
The Child Health System (currently used in all HSS Trusts) should be developed to capture the information required. Northern Ireland should continue to participate in the UK-wide five-yearly Survey of Infant Feeding.	DHSS, commissioners and providers. DHSS	Information is gathered through the Child Health System on children's feeding behaviour at various stages in their first year of life. However changes to the system means that feeding information does not coincide with children's health assessment. Issues with the recording of breastfeeding information are exacerbated by the unavailability of appropriate CHS software. NI Participation in UK wide 5 yearly Infant Feeding Survey continued.

ACTION 4

Focusing Research

Most breastfeeding research in Northern Ireland consists of unpublished studies submitted as part of undergraduate or postgraduate work. The findings of these studies are characterised by several themes, which are consistent with the ONS Survey on Infant Feeding 1995 and with several published studies conducted in the Republic of Ireland and in Britain.

Recommendation	Agents for Action	Outcomes
Further research is needed to obtain information in the following areas: <ul style="list-style-type: none">• The most effective methods of promoting and supporting breastfeeding• The reasons for breastfeeding variations in different areas of Northern Ireland• Effective approaches for low uptake areas and social groups• Reasons for early cessation• Effects of women's working patterns and maternity leave• Effective breastfeeding education in schools.	The Northern Ireland Breastfeeding Strategy Group will provide and facilitate research through liaison with DHSS, Queen's University Belfast, University of Ulster and the voluntary sector.	Research carried out in all areas with the majority focusing on "the most effective methods of promoting and supporting breastfeeding". Several studies centred on the attitudes of young people and the development of breastfeeding education in schools.

ACTION 5

Training Health Professionals

The training and updating of health service workers in the promotion, support and management of breastfeeding is essential if consistent scientifically sound and supportive information is to be provided to mothers.

Recommendation	Agents for Action	Outcomes
<p>Medical undergraduates should receive teaching in the promotion and management of breastfeeding within the contexts of preventive medicine, nutrition and child health.</p> <p>Each hospital, community paediatric and general practice training scheme should include appropriate teaching on practical breastfeeding management for all doctors in training. Because of staff turnover, this needs to be provided six-monthly for junior hospital doctors and annually for GP registrars.</p> <p>All Trusts in Northern Ireland should ensure that newly appointed midwives, health visitors, paediatric nurses and relevant dieticians receive an initial two day update on breastfeeding promotion and management.</p> <p>A refresher programme should also be mandatory for these staff at maximum of three yearly intervals.</p>	<p>The Northern Ireland Breastfeeding Strategy Group will liaise with the School of Medicine, Queen's University Belfast to take this forward.</p> <p>The Northern Ireland Breastfeeding Strategy Group will liaise with the Northern Ireland Council for Postgraduate Medicine and Dental Education and local facilitators.</p> <p>The Northern Ireland Breastfeeding Strategy Group will liaise with the National Board for Nursing, Midwifery and Health Visiting for Northern Ireland, Queen's University Belfast; University of Ulster; consortia for in-service training; commissioners and providers.</p>	<p>Evidence that some materials which have been developed by coordinators at Trust level adequately covers the topic for medical students. However it is not possible to judge the extent of training provided without information from QUB (as sole provider of undergraduate medical training in Northern Ireland).</p> <p>Regional provision of breastfeeding education for GPs was delivered through the Child Health Surveillance Training programme. Breastfeeding Co-ordinators also provide breastfeeding training to medical staff.</p> <p>In-service breastfeeding training has been devised and provided by Breastfeeding and Surestart Co-ordinators, and the Beeches Management Centre. A postgrad breastfeeding module has been developed and provided by QUB. Student midwives (QUB) and health visitors (UU) are provided with breastfeeding education as part of their training programme.</p>

ACTION 6

Supporting Special Needs Infants and Their Mothers

Evidence continues to accumulate on the particular benefits of breast milk feeding for special needs infants. Health professionals require training in the area of lactation management. Parents also require adequate education, both ante-natally and in the event of the birth of a special needs infant in order that they may make informed choices on the feeding of their child.

Recommendation	Agents for Action	Outcomes
<p>The management of breast milk feeding of special needs infants should be part of the training of health professionals, at a level appropriate to their area of work.</p> <p>Information on breast milk feeding of special needs infants should be collected on a regional basis, and made readily accessible to both health professionals and parents.</p> <p>Human milk banking should be developed within Northern Ireland, to support breast milk feeding of special needs infants.</p>	<p>See Action Plan point 5 – Training Health Professionals</p> <p>The Northern Ireland Breastfeeding Strategy Group</p> <p>The Northern Ireland Breastfeeding Strategy Group will liaise with consultant paediatricians; consultants in communicable disease control; senior midwifery and paediatric nursing managers; commissioners and providers</p>	<p>In-service training courses include a section on breastfeeding ill and preterm babies which focuses on initiating and maintaining lactation, alternative methods of feeding and safe storage of breast milk. The Nursing & Midwifery education at the Beeches Management Centre also provides training on breast milk feeding of vulnerable infants for all health professionals as part of their two day breastfeeding course “Successful breastfeeding: evidence and practice”. This course includes a lesson on “Breastfeeding the preterm infant” which enables participants to provide the information and support to mothers who are breastfeeding their sick or preterm babies. In addition, the Health Promotion Agency provided a training seminar on breastfeeding in special circumstances.</p> <p>The number of babies being breast fed milk in Neonatal Units is collected within Trusts.</p> <p>Leaflet on Breastfeeding Ill and Premature Babies developed and updated by the Health Promotion Agency.</p> <p>Human Milk Bank has been established and provides human milk for infants throughout Ireland. It has been very successful in terms of implementation of best practice for milk banking.</p>

ACTION 7

Raising public awareness

Once further information has been received on the factors influencing breastfeeding rates in Northern Ireland, a public information campaign needs to be undertaken to promote breastfeeding. Promotion methods should take into account Northern Irish culture, perceptions and attitudes. Community development approaches for the promotion of breastfeeding should be encouraged.

Recommendation	Agents for Action	Outcomes
A public information campaign to promote breastfeeding, using all available media, should be undertaken.	The Northern Ireland Breastfeeding Strategy Group; DHSS; Health Promotion Agency for Northern Ireland (HPANI); commissioners and providers; La Leche League; National Childbirth Trust.	Public information campaigns to raise awareness of the health benefits of breastfeeding held in 2003, 2004 and 2005. (Included TV, radio and bus advertising). A convenience advertising campaign for men was held in 2007 and a further re-run of the Public Information Campaign on TV was undertaken in 2009.
Materials to support breastfeeding should be produced for regional use.	DHSS; HPANI, The Northern Ireland Breastfeeding Strategy Group.	A variety of regional materials supporting breastfeeding have been produced which are used in both the ante-and postnatal period.
A theme for the annual Breastfeeding Awareness Week in May should be selected by the Northern Ireland Breastfeeding Strategy Group, and should be communicated to all interested parties by December of each year.	The Northern Ireland Breastfeeding Strategy Group.	The Breastfeeding Strategy Group has been involved in developing a theme for Breastfeeding Awareness Week and has communicated this information to interested parties through the <i>Keeping Abreast</i> leaflet.
Breastfeeding education and promotion should be undertaken in primary and second level education.	The Northern Ireland Breastfeeding Strategy Group and DHSS will liaise with the Department of Education for Northern Ireland on taking this forward.	Breastfeeding Co-ordinators have had some involvement in breastfeeding education and promotion in schools. A CD to raise breastfeeding awareness in post primary schools was developed in partnership with the Council for the Curriculum, Examinations and Assessment (CCEA) and evaluated.
Community support for breastfeeding outside the home should be developed.	The Northern Ireland Breastfeeding Strategy Group will liaise with public and private sector organisations as appropriate.	Three main areas of community support for breastfeeding outside the home have been developed. <i>The Breastfeeding Welcome Here</i> scheme has been very successful in providing support to breastfeeding

		mothers. The volunteer peer supporter's programme has been another useful community support resource. The statutory sector maintains the majority of breastfeeding support groups.
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ACTION 8

Limiting promotion of artificial milks

The use of artificial milks is depriving women and children of the health benefits of breastfeeding. Artificial milks should not be promoted within the health care system.

Recommendation	Agents for Action	Outcomes
<p>All HPSS Boards and Trusts should comply with the International Code of Marketing of Breast Milk Substitutes.</p> <p>Educational materials, such as leaflets, produced by or carrying the trade names or logos of infant formula companies should not be distributed by health professionals. Suitable educational materials on infant feeding (including artificial feeding) should be developed where these do not exist.</p> <p>Consideration should be given to the discontinuation of the sale of artificial baby milks on HPSS premises</p>	<p>Boards and Trusts</p> <p>The Northern Ireland Breastfeeding Strategy Group; HPANI</p> <p>DHSS</p>	<p>Compliance with the WHO Code is monitored through Trust or Board or the Baby Friendly Initiative. Contact with formula company representatives is being filtered and the provision of promotional materials is restricted. The provision of reduced cost formula supplies to maternity units is prohibited in Trust policies.</p> <p>Parent information leaflets on breastfeeding and formula feeding are made available by PHA to Trusts. Diary covers for health professionals have been made available to prevent use of those sponsored by formula companies.</p> <p>Sale of formula milk on HPSS premises discontinued.</p>

ACTION 9

Legislative change

A number of factors which have a significant effect on breastfeeding may require the creation or alteration of legislation to effect change.

Recommendation	Agents for Action	Outcomes
Employers should facilitate flexible work arrangements for women returning to work while still breastfeeding; these might include lactation breaks during the day, nursing mother's rooms and part-time work.	The Northern Ireland Breastfeeding Strategy Group, Trusts	HR policies developed in Trusts to support mothers who return to work and continue to breastfeed. Good practice guidance information developed for mothers and employers. However, continuity of flexible working arrangements does not appear to be observed across the wider HPSS.
Recommendations emanating from the review (provision of free milk tokens in England) should be implemented as appropriate in Northern Ireland.	DHSS	Exchange of milk tokens in HPSS premises discontinued with the introduction of Healthy Start.
The marketing of breast milk substitutes and feeding products in Northern Ireland should be brought into line with the International Code of Marketing of Breast Milk Substitutes.	The Northern Ireland Breastfeeding Strategy Group, DHSS	Legislation strengthened in 2007 in relation to health claims and differences between infant formula and follow on milk.

SYNTHESIS OF RESPONSES TO CONSULTATION QUESTIONNAIRES: PERCEIVED IMPLEMENTATION AND BARRIERS AND SUGGESTIONS FOR A NEW STRATEGY

The synthesis of responses to the consultation questionnaires with stakeholders and the qualitative research with mothers undertaken by the Public Health Agency as part of the review process as well as helping to assess the implementation of the existing Strategy, will also provide a valuable basis for future action.

Perceived Implementation of the Action areas

Health professionals (breastfeeding and Sure Start co-ordinators, midwives and health visitors) were consulted in relation to how they judged the achievement of the recommendations based on the nine action areas. According to their responses they judged the overall achievement as follows:

Most significantly implemented:

- Limiting the promotion of artificial milk
- Commissioning services
- Coordinating activity
- Raising public awareness
- Legislative change
- Training of health professionals

Least implemented:

- Focusing research
- Supporting special needs infants and their mothers
- Collecting regional information

Key Barriers and suggestions for a new Breastfeeding Strategy

The responses provided by the health professionals (breastfeeding and Sure Start co-ordinators, midwives and health visitors) to the question about what the current strategy did not address and what should be given more emphasis in a new Strategy are categorised below. The views and comments below are attributed to those individuals and groups consulted in the review process and are not recommendations put forward by the Strategy Review Group. The responses may be informative in the development of any new or revised breastfeeding policy.

Responses are categorised into seven broad areas: strategic, information sharing and resources, research and information, training, support, public information and education and protecting breastfeeding.

Strategic

Regional Level

- Set out targets for breastfeeding
- Integration of breastfeeding into all related health policies and strategies
- Addressing the cultural diversity
- Baby Friendly accreditation for both universities in Northern Ireland.

HSCT Level

- The need for at least one full time Breastfeeding Coordinator in each of the 5 HSC Trusts and a Breastfeeding Coordinator with protected time in all maternity units
- Support for Breastfeeding Coordinators
- Promoting BFI accreditation for all Health Trusts to become UNICEF Baby Friendly accredited.

Community level

- Adopting a community development approach
- Looking at encouraging breastfeeding coordinators at working in a more community development framework and being less hospitalised.

Intersectoral

- More emphasis on collaborative working across sectors
- To focus on the power/possibilities of statutory sector collaborating/working in partnership with local Sure Start to achieve supportive/informative breastfeeding practices

Information sharing and resources

Staff

- Increase in numbers of health professionals to support mothers breastfeeding (particularly numbers of midwives)
- A Breastfeeding Counsellor paid to work in the maternity units and antenatal parent class classes
- To focus more on the use of multi-skilled input, particularly the use of peer support workers

Other resources

- A collection of up to date reference books in each Sure Start
- Support for Regional Women and Children's Hospital at the Royal Victoria Hospital Group

Information sharing

- Improve access to information
- Improve collaboration of midwives and health visitors to share information with their peers

Research and information

Information

- Accurate collection of regional information and agreed definitions for collating breastfeeding statistics
- Developing skills in interpreting breastfeeding statistics

Research

- Increased funding and effort for breastfeeding research
- More research on effective approaches for low uptake areas and social groups
- BFI might limit innovative research efforts

Training

General

- More education and training for all employees working in health care areas to positively support breastfeeding

Medical and non medical health professionals

- To encourage health professionals to develop specialist roles in breastfeeding
- Curriculum guidance for under-graduate and in-service training
- More training on breastfeeding during degree course for nurses as well as midwives and student health visitors
- GPs and medical staff training

Specific

- Training for all staff on Centile Charts by Breastfeeding Coordinators
- The development of e-learning packages and e-networking among Breastfeeding Coordinators

Support

Antenatal

- Encouragement and support of mothers to start breastfeeding and to continue

Statutory support

- Support to breastfeeding mothers and those wishing to breastfeed whilst in hospital
- Firm integration of breastfeeding into Sure Start programmes

Voluntary/peer support

- Increase peer support for mothers/breast buddies/mother to mother support programmes in the hospital and community
- Improve provision by breastfeeding support groups (e.g. run weekly in different towns)
- Increase in Government funding to support voluntary groups
- More emphasis on peer support training and continued service to mothers
- Support and develop voluntary breastfeeding networks and new breastfeeding counsellors
- Accreditation of peer support

Specific circumstances

- Tailored provision of support on discharge for mothers with special needs babies and more emphasis on people with a physical or mental disability

Public information and education

Public awareness raising

- Continue public education campaigns to normalise breastfeeding in society and to highlight its importance using various types of media coverage
- Research based information on benefits of breastfeeding made more known

Information needs

- A regional Breastfeeding Centre for mothers and health professionals
- More information on drugs and breast milk
- Address the information needs of grandmothers
- Emphasis on the problems associated with bottle feeding

School setting

- Increased breastfeeding education programmes for schools (both primary and post-primary) and youth groups

Protecting Breastfeeding

Legislation

- Influence development of a Breastfeeding Bill/legislation similar to that in Scotland to support breastfeeding in public

Marketing of infant formula

- Encourage Trusts to comply with WHO code
- Encouragement/stronger emphasis to report to Food Standards Agency and Environmental Health Officers any concerns relating to statutory regulations in relation to the marketing of infant formula
- Audit and abolish the availability of formula milk on maternity wards

Standards for safe guarding practice

- Encourage all hospitals and community trusts to participate in BFI
- Participation in UNICEF BFI University Standards.