Sure Start Southampton

EXTERNAL EVALUATION OF BREASTFEEDING

Executive Summary

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Contents

1. Introduction and background

The Southampton Sure Start programmes (Weston, Central, Swaythling, Millbrook, Redbridge and Maybush- MRM) commissioned Hempsall Consultancies to undertake an external evaluation of breastfeeding within the Sure Start and Children's Centres programmes. This report provides summarises the key findings and recommendations described in the final report – January 2005.

Within each area early indications suggested that the breastfeeding initiation rates were beginning to increase; and it appeared that the level of breastfeeding was not being sustained. The evaluation sought to test the hypothesis and identify barriers to initiating and sustaining breastfeeding at birth and at 6 weeks and 17 weeks. Specifically the evaluation sought to:

- establish and evaluate the effectiveness of the current methods of providing information, guidance and support on breastfeeding;
- identify barriers to initiating breastfeeding;
- identify barriers to continuing sustained breastfeeding.

In addition, the evaluation sought to:

- map existing provision of breastfeeding facilities;
- evaluate the understanding and dissemination of advice provided by the Midwifery Service; assess the extent to which information and advice has impacted on breastfeeding behaviours;

- explore a range of issues concerning knowledge, attitudes, perceptions and behaviours relating to breastfeeding;

- consider cross cutting themes of partnership working; parental and community involvement; and management.

2. Key findings

2.1 Breastfeeding rates

Analysis of available data supports the thesis that breastfeeding initiation rates are increasing, although the picture varies by area and age group; however, exclusive breastfeeding rates are not being sustained at the same level at 6 or 17 weeks, consistent with National data.

Midwifery data for the four areas[1] (Central, MRM, Weston and Swaythling) show that rates of breastfeeding at birth differ between areas. Data, whilst incomplete, suggests that the proportion of mothers breastfeeding at birth in Southampton Central, Swaythling, Weston and MRM is increasing, albeit that rates in MRM and Weston appear to be lower than the national rate as at 2000.

Where available, data suggests that breastfeeding rates at birth are not being sustained; in the case of MRM and Weston the proportion of mothers breastfeeding at 6 and 17 weeks appears to fall well below national rates as at 2000.

The absence of breastfeeding data relating to working parents means that information about the impact of work on infant feeding choices is limited.

[1] Southampton City Monitoring Officer for Sure Start, PCT data

2.2 Current methods of providing information, guidance and support on breastfeeding

Information sources:

A wide variety of sources of information, guidance and advice was available to expectant, new and nursing mothers. Informed advice, guidance and support was provided by professionals and volunteers with specific training including infant feeding specialists, midwives, health visitors, peer educators, breastfeeding counsellors.

Midwives were the main source of professional advice to expectant mothers on breastfeeding; health visitors and GPs provided advice on infant feeding issues shortly after the birth (usually 10 - 12 days) except for the midwifery-led Young People's Maternity Service and Breastfeeding Peer Support groups.

Peer educators and breastfeeding peer education groups provided further information, guidance and support in later stages (after childbirth) but also attended antenatal and parent craft classes to meet new parents and offer support. Information and training for peer educators was provided by specialists at Princess Anne Hospital and lead midwives in each Sure Start area.

Sure Start's Oral Health Advisors inform families about oral health for infants and toddlers. (In one area this included advice on infant feeding at night and oral health that required updating and resulted in mixed messages about breastfeeding teething children).

Content and format

Most written information about breastfeeding was in English (multi-lingual information leaflets were available in Sure Start Central); NHS breastfeeding pamphlets were

included in the maternity information pack for expectant mothers and the Breastfeeding Babes breastfeeding information pack.

Sure Start Centres distributed information about sources of help and advice and about breastfeeding peer support groups and the Young People's Maternity Service

Some Breastfeeding Peer Support Groups made effective use of videos and practical demonstrations. Venues displayed posters showing positive images and messages about breastfeeding, including materials produced for National Breastfeeding Awareness Week.

Target groups

Information was targeted mainly at expectant new and nursing mothers during and after pregnancy.

The information needs of different audiences and target groups varied, both between groups and at different stages of pregnancy and infant feeding.

The knowledge, attitudes, assumptions and experiences of mothers, partners, families, friends, as well as volunteers, workers and practitioners were influenced by personal experiences of infant feeding, cultural and family background, age, education and employment status.

2.3 Perceptions of participants and others of the effectiveness of current methods of providing information, guidance, support and advice

Overall, the evaluation found strong evidence of significant developments in the provision of effective breastfeeding information, guidance, support and advice available to mothers and expectant mothers within the Sure Start areas.

Feedback from mothers was generally extremely positive, particularly about the support available from Breastfeeding Babes, the Young People's Maternity Service and from Sure Start workers (especially midwives), peer educators and breastfeeding peer support groups. The 'Midwives Antenatal Pack' and NHS pamphlets were considered helpful.

Both breastfeeding and non-breastfeeding mothers were aware of the benefits of breast milk for the child. In general they were less aware of the benefits for the mother.

There was some evidence of 'mixed messages' from different members of the primary care team, particularly in relation to supplementary feeding, weaning, night feeds and infants' oral health.

Methods

Evidence cited by research participants and observed during the evaluation suggests that that the following interventions have been particularly effective:

- antenatal breastfeeding education and 'pregnant mums' teaching sessions;
- information provided by midwives and peer educators about the benefits of breastfeeding for the child;

- using visual images and practical demonstrations in breastfeeding education, both before and after the birth;

- breastfeeding peer education programmes, with trained peer educators supported by lead midwives;

- breastfeeding peer support groups;

- breastfeeding support to mothers in hospital through the Breastfeeding Babes facilities at Princess Anne Hospital and through its telephone helpline;

- continuing one-to-one practitioner support for mothers experiencing difficulties in early weeks of breastfeeding during visits to the Breastfeeding Babes Room at Princess Anne Hospital or extended home visits by Sure Start midwives or health visitors;

- extended continuing care and support for young mothers through the Young People's Maternity Service;

- providing suitably equipped comfortable breastfeeding facilities in breastfeeding-friendly environments;

- loan facilities for breastfeeding equipment.

The findings suggest that some current methods of delivering information, guidance, education and support on breastfeeding are proving more effective than others, and some are more accessible than others:

- antenatal appointments, antenatal and Parent Craft classes, Sure Start venues and home visits provided access to information and guidance and to both

professional and peer group support, but a number of antenatal classes had been cut for financial reasons, affecting antenatal breastfeeding advice;

- the Breastfeeding Babes services at Princess Anne Hospital was well used and provided access to specialist support at birth (and follow-up) but access was sometimes limited by time and geographic factors and difficulties with transport and parking. Feedback from parents was extremely positive about the effectiveness of this service;

- the Young People's Maternity Service was also well used, providing extended periods of specially focussed support to young mothers including breastfeeding support and guidance, despite limited resources.

Accessing information

Participants identified barriers to accessing information, advice, support and guidance both before and after birth, including cuts in antenatal classes, time constraints, childcare or transport problems, work or family pressures or lack of personal confidence in new group situations.

At childbirth, barriers included lack of time in hospital, lack of privacy and complications of childbirth.

After the birth, further barriers to accessing advice included transport/parking problems and related costs of returning to Breastfeeding Babes at Princess Anne Hospital, time constraints, not knowing what was normal/abnormal when experiencing problems, fear of failure, and childcare, family or work pressures.

Fear and lack of confidence were reasons given by new mothers for not wanting to attend support groups but familiar faces (workers, volunteers or other mothers) and the friendly supportive atmosphere of smaller groups helped them overcome these barriers.

Participants reported that equipment such as breast pumps was sometimes in short supply, and wider access to information about the availability of equipment was needed by some mothers.

Some working parents reported difficulties accessing services.

Timing

Personal evidence from research participants, and direct observation, shows that:

- early interventions in the first few weeks after birth (in the form of breastfeeding support) have been decisive in helping some mothers to overcome difficulties and sustain continued exclusive breastfeeding up to and beyond 17 weeks;

- subsequent interventions (in particular, peer education, Sure Start breastfeeding peer support groups and practitioner support) have succeeded in extending the period of sustained breastfeeding, including exclusive breastfeeding, well beyond 17 weeks.

2.4 Barriers to initiating and sustaining exclusive breastfeeding

Participants identified significant barriers to initiating breastfeeding, including personal aversion/embarrassment, lack of support and lack of confidence. Negative family, cultural and media attitudes to breastfeeding were also important factors, with family/peer group pressure to bottle feed from the outset, an absence of positive role models or practical experience of breastfeeding. Time constraints due to family and/or work pressures also deterred people.

Participants also identified additional barriers to continued sustained exclusive breastfeeding, including not knowing how to breastfeed or when to ask for help, pain or

difficulty breastfeeding, inadequate milk supply, and difficulties overcoming any problems experienced. Time constraints, pressures from others - to share feeding, change to bottle feeding, introduce supplementary feeds or start weaning before 6 months - were also commonly reported experiences.

Returning to work was another reason given for not initiating or sustaining exclusive breastfeeding.

Other people's hostility to breastfeeding at home or in public, difficulty accessing publicly accessible breastfeeding facilities was also a recurrent complaint.

> [*Note:* These findings support many of the findings of previous national research, in particular the Department of Health's 2000 Infant Feeding Survey. Whilst it is not intended to reiterate these points in this report, they do have implications for the focus and future development of strategic interventions, and for communications strategies in particular].

2.5 Breastfeeding facilities

In the course of the breastfeeding mapping exercise, a total of 43 sites were visited and a total of 41 were accessed. Of these:

- 36 sites (84% of sites visited) had some type of provision for breastfeeding mothers, but facilities varied considerably. 2 sites could only offer use of a toilet and some lacked privacy;

- Housing offices were the least well equipped - only one said facilities could be made available in the form of an interview room if it was free;

- Sure Start and pre-school or play facilities were the most flexible, with a range of facilities that included, in most cases, toys or other facilities for older children;

- although most sites said that they did or could make facilities available, most were not advertised.

Feedback from mothers suggests that a number of factors influence use of facilities for breastfeeding in Southampton:

- availability of choice of various types of facilities (private or communal);
- comfort;
- social considerations (e.g. the desire not breastfeed in isolation);
- accessibility (the ability to access facilities with pushchairs and/or older children);
- a comfortable, breastfeeding-friendly environment;
- knowledge that the establishment is 'breastfeeding-friendly' and will tolerate mothers breastfeeding in public.

Both breastfeeding and non-breastfeeding mothers consulted during this study reported that the negative culture surrounding breastfeeding, and in particular that surrounding the issue of breastfeeding in public, had a serious impact on their own behaviours or intentions regarding choice of infant feeding. Several non-breastfeeding mothers cited public hostility as one of the reasons that they chose not to initiate or continue breastfeeding.

2.6 Cross-cutting themes

Partnership working

The agencies involved contribute towards the breastfeeding target by sharing information, experience and expertise, making resources available within the community and hospital settings, raising awareness within specific services and in multi-agency teams, facilitating and supporting breastfeeding-related initiatives and promoting breastfeeding-friendly environments. They can also collect relevant data.

The findings suggest that the Sure Start model of locality working and inter-agency working is proving effective in facilitating access to breastfeeding information and support for breastfeeding mothers at various stages. Participants reported that it has facilitated interagency co-operation, communications and teamwork within the community and hospital settings - for example, training and supporting peer educators and facilitating breastfeeding peer education and peer support.

Practitioners reported that locality working was leading to closer working relationships between midwives and health visitors, more consistent contact with families and community groups and more effective targeting of resources, despite some opposition to locality working from GPs.

Parents reported that Sure Start provided them with access to breastfeeding facilities, support, information and resources from a variety of sources, both at home and at Sure Start venues.

There was evidence of clear messages being given proactively to parents about the benefits of breastfeeding for children, but some evidence of mixed messages about the benefits of sustained exclusive breastfeeding for older babies and for mothers. These mainly concerned mixed or inconsistent messages about supplementary feeding, weaning, night feeds and infants' oral health.

Parental and community involvement

Parents were involved in informing the style of breastfeeding information and services both through peer support groups and through involvement in Sure Start Centres. Parents who trained as peer educators attended meetings with chief executives of partner organisations and were involved in decisions affecting the future Sure Start developments, activities and facilities.

Mothers were involved in peer support groups both as peer educators and as group members. There is strong evidence from participants that their involvement helped them and others overcome problems, provide support to others and develop positive role models for breastfeeding in the community.

Management issues

Sure Start has been a catalyst for key strategic developments such as locality working, mainstreaming and breastfeeding peer education, and has attracted additional funds to support important initiatives involving the promotion of breastfeeding and support for breastfeeding mothers in both community and hospital settings.

Sure Start's values of parental involvement, capacity building and empowerment of parents and disadvantaged groups/wider community has had a beneficial impact on community health developments relating to breastfeeding promotion, particularly in the area of breastfeeding support.

Although individual services such as Breastfeeding Babes have their own monitoring arrangements, a comprehensive, integrated system for monitoring or auditing the implementation of breastfeeding policy guidelines is currently lacking. The evaluation was unable to establish the full extent to which breastfeeding policy is communicated,

understood and correctly and consistently implemented across all areas in the absence of such systems.

Although Southampton Sure Start has made real progress, city-wide issues mean that it cannot be viewed in isolation. Sure Start developments have been part of wider provisions, programmes, cultures and contexts. City-wide, the evidence suggests that policies and strategies are not yet fully integrated or consistently implemented, and some aspects of best practice are not consistently applied. In particular:

- systems are not yet in place for consistent monitoring of breastfeeding data, information, guidance and advice across all areas. (It is acknowledged that some of these issues are being addressed at the time of writing);

- there are significant information, training and education needs yet to be addressed for Sure Start workers, volunteers and practitioners;

- existing communications strategies are not proving fully effective in ensuring consistent messages across all members of the primary care team or across all Sure Start workers and volunteers;

- approaches to breastfeeding training and updating lacked consistency;

- there was some evidence of inconsistent application of policy guidelines in some community settings;

- it was unclear whether the current hospital guidelines have been adopted by, and clearly and consistently communicated to, all hospital staff, all services or all members of the Primary Care Team;

- it was unclear how the hospital policy applied in the community setting alongside other infant feeding policies and targets;

- in the absence of systems for monitoring and auditing their implementation, it was unclear how consistently the hospital policy and guidelines were being implemented within the hospital setting.

It was evident that breastfeeding promotion and support was high on the list of Sure Start priorities and that this was reflected both in the development of Sure Start services, in service delivery, and in the facilities provided.

The evidence suggests that, despite the impact of cuts in funding on midwifery service levels in some areas, Sure Start initiatives had influenced some mothers' infant feeding choices. Participants reported that they had made a real difference to some women's motivation, confidence and ability to overcome initial fears or difficulties and continue sustained exclusive breastfeeding up to and beyond 6 months.

3 Recommendations

As a priority, building on the strengths of the UNICEF UK Baby Friendly Initiative's strategies for breastfeeding promotion, and building on the known advantages of effective and proactive approaches to breastfeeding communications, support and awareness training:

- develop integrated policies across all areas and services together with a comprehensive, inclusive and integrated communications and training strategy;

- develop robust systems for data collection, monitoring and review.

Specific attention should be paid to the following issues:

Policies and guidelines

3.1 Ensure that breastfeeding policies and guidelines are:

- agreed between different agencies and clearly and regularly communicated to all and understood by them;

- properly implemented and monitored in all areas and periodically reviewed to ensure that they are proving effective and adjusted/improved where necessary.

3.2 Consider registering Sure Start activities under the Baby Friendly Initiative and adopt the guidelines for breastfeeding promotion and support for community health settings set out by UNICEF UK, as well as those for hospitals.

Strategy

3.3 The goals must be translated into SMART objectives with a strategy to make it happen and with appropriate measures to show whether the policies and guidelines are being properly implemented, whether they are proving effective and what further improvements are needed.

3.4 Where possible provide adequate staffing and resources and avoid cuts in levels of midwifery services that impact on key intervention points such as antenatal breastfeeding education, and support at initiation and in the early weeks of breastfeeding.

Monitoring, auditing and review

3.5 A comprehensive, integrated system for monitoring, auditing and reviewing the implementation of breastfeeding policy and guidelines is needed alongside improved data collection.

Breastfeeding data

3.6 Further evaluation of breastfeeding initiatives and support will require the collection of robust, standardised data across all areas. This should include relevant data about working parents.

Training and awareness raising

3.7 Consider how best to systematically address training needs for all Sure Staff personnel and volunteers, including training needs assessments and periodic monitoring and auditing of training provision, content and uptake.

3.8 Continue to support the recruitment and training of peer educators and consider ways of systematically supporting and updating peer educators after their initial training.

3.9 Consider ways of involving GPs and practice nurses in breastfeeding training, with regular updating.

3.10 Raise public awareness of the benefits of breastfeeding and increase awareness in public services, local media and local businesses and workplaces about the benefits of breastfeeding.

Information, guidance, support and advice

3.11 Continue support for the Young People's Maternity Service and ensure that it is fully staffed at all times.

3.12 Continue support for peer education through recruitment of more peer educators and continued support for breastfeeding peer support groups.

3.13 Working with key interest groups, explore further some the issues affecting working parents in the light of evidence that the workplace is a barrier to breastfeeding, and consider further ways of providing breastfeeding information, education, advice and support for working families and working mothers.

3.14 Address the needs of disabled mothers or mothers with other special needs for advice and support on breastfeeding.

3.15 Consider ways of improving access to the established and successful breastfeeding support provided by Breastfeeding Babes at Princess Anne Hospital to extend participation, including access at weekends and evenings and low-cost

transport and/or parking, with easily accessible parking bays for pregnant women and mothers with babies

3.16 Improve the availability of breast pumps and information about loan facilities.

Other communications

3.17 Ensure delivery of consistent clear and comprehensible messages to all groups (including Sure Start/Children's Centre workers, volunteers, play workers and service users) at all levels.

3.18 In particular, provide clear and consistent messages to parents and practitioners about issues such as weaning, night feeds and infants' oral health.

3.19 Consider targeting information in ways that address key interest groups, including young women, disabled women, working parents, other family members / partners, schoolchildren and linguistic minorities.

Breastfeeding facilities

3.20 Consider ways of collecting and publicising information about 'breastfeeding friendly' establishments such as shops, restaurants and public buildings, and involve parents in this.

3.21 Develop initiatives such as use of promotional literature and/or 'Breastfeeding Friendly' labels in consultation with local organisations and businesses, and consider how best to publicise and promote this.

Locality working, mainstreaming and GP liaison

3.22 Continue to facilitate closer working relationships and liaison between midwives and health visitors both City wide and at locality level.

3.23 Continue to involve peer educators in antenatal and Parent Craft classes and support them in their role.

3.24 Consider ways of further improving communications with GPs and practice nurses on breastfeeding issues and weaning.

This report was written by Hempsall Consultancies Ltd., 71 Narrow Lane, Aylestone, Leicester LE2 8NA tel (0116) 233 7205. For further information about the External Evaluation of Breastfeeding in Sure Start Southampton Programmes please refer to the Final Report 2005.