

# Community Infant Feeding Support

## Supplementary Information

[kent.gov.uk/infantfeeding](https://kent.gov.uk/infantfeeding)

Consultation closes December 3<sup>rd</sup>



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## Engagement and Research Activity

As part of developing a whole system pathway for infant feeding in Kent, a significant amount of insight work has been undertaken with a wide range of stakeholders including service users. Service users and providers have expressed very similar views. Here is a summary of issues that are relevant to community infant feeding services:

- Support needs to be timely
- Little information or guidance on breastfeeding is being provided before birth
- Services are not joined up
- Support services need to be local, and home visits should be available as mothers may sometimes struggle to get out e.g. if they had a difficult delivery
- There is insufficient information about the peer support team or services available
- Rapid referral to a lactation consultant should be available when needed.
- Family members have an important influence on feeding decisions: fathers should be involved and supported
- Some women perceive breastfeeding as embarrassing and/or not normal
- Women worry about whether the baby is getting enough milk

As part of the development of the Health Visiting model there have also been discussions with PS Breastfeeding CIC, Early Help and the NHS's KCHFT (Kent Community Foundation Health Trust).

As a result of these conversations, we believe that transferring responsibility for community infant feeding support to the Health visiting service will be a more efficient use of resources and will allow families to access a timely, holistic and joined up system of support.

Responses received during the initial consultation, which was withdrawn, have also been taken into account in developing these revised documents, in order to answer questions and clarify points of concern.

This revised consultation has taken into account the information received from stakeholders via the website and meetings. As part of this revised consultation there is an intention to speak further to stakeholder groups across the County.

## What are the benefits of this proposed model?

We expect that this proposal will:

- Enable all families to access nutrition advice as part of a comprehensive infant health service that links to Children's Centres and maternity services
- Make best use of the existing professional skills and resources in the health visiting service
- Provide a more 'joined-up' experience for families looking for advice and support on the full range of infant feeding issues
- Deliver a saving of up to £404,000 without compromising the quality and accessibility of the service
- Increase the amount of 'intermediate level' breastfeeding support via trained health visitors

## Other options considered

### 1) Ending the provision of Community Infant Feeding Support

There is clear evidence that this support is needed by families in Kent, and therefore ending its provision is not an appropriate option. The Health Visiting Service sees the work that PS Breastfeeding CIC undertakes as part of their core role.

### 2) Extending the contract with PS Breastfeeding CIC

PS Breastfeeding CIC has delivered the Community Infant Feeding Support over recent years. We believe that the KCHFT Health Visiting Service can offer a high quality service which will reach all women (approximately 17,500 births per year) and is more integrated with other parts of the health sector. As the health visiting service is now sufficiently trained and resourced to deliver this service, we no longer believe an additional service is required. Extending the existing contract would also cost KCC Public Health up to £404,000 a year which we do not believe is the most efficient use of public funds.

### 3) Re-procuring an additional infant feeding support service

In view of the fact that infant feeding support is a core responsibility of the health visiting service and they are now sufficiently trained and resourced to deliver this, we do not consider that commissioning what would in effect be a duplicate service, would be an efficient use of public funds.

## Appendix A Current and proposed models

### Current model

Breastfeeding support, and information regarding formula feeding, is currently offered to all parents through the Health Visiting contacts, (Antenatal contact, New Birth visit and 6-8 week contact etc.), as well as within 111 community based drop-in sessions (Child Health Clinics).

If Health Visitors (or other health and social care providers such as GPs, midwives, early help practitioners, peer supporters) identify the need for extra support, families can be signposted to the Community Infant Feeding support provided by PS Breastfeeding CIC. The Community Infant Feeding Service is open access, so women can also refer themselves.

A summary of what is currently provided by PS Breastfeeding CIC is outlined below:

### Advice to professionals and families

Provides information and advice, including training, where relevant, to the voluntary sector, NHS Trusts particularly health visitors and midwifery services and to children's centres, primary care and local authorities.

### Peer support training and supervision

Recruits, develops and supervises peer supporters. These are volunteers who have breastfed their own children and who have had accredited training to provide support with various aspects of breastfeeding such as positioning and attachment. They will also refer on to more qualified help if this is needed. As at June 2017 there are 246 active peer supporters in the community.

### Breastfeeding Counsellor Drop-ins

These drop-ins are provided in some of the Children's Centres. Breastfeeding Counsellors are mothers who have breastfed their babies for at least 6 months and have undertaken a programme of education through the voluntary sector. They provide support with common breastfeeding problems.

### Lactation Clinics

Provides community based lactation clinics in all district and borough council areas. Lactation consultants are registered and qualified to provide specialist advice to mothers about infant feeding. Some of these clinics are staffed by Lactation Consultants and some are staffed by Breastfeeding Counsellors.

### Total number of Clinics

Data provided by PS Breastfeeding CIC shows there are currently 23 peer support groups operating across Kent, with peer supporters also being available in five other (non-peer support groups), such as stay and play sessions. In addition to this there

are 17 groups operating across Kent where support is available from someone with a higher level of breastfeeding qualifications than peer supporters. These groups are led by a mixture of lactation consultants and breastfeeding counsellors. Staffing of these groups may vary, but approximately eight are led by lactation consultants, seven by breastfeeding counsellors and two by a lactation consultant and a breastfeeding counsellor.

### Total numbers of staff

Data provided by PS Breastfeeding CIC shows they have three full time equivalent employed staff. They have 10 part time district support leads (3.58 wte) and 15 self-employed sessional clinical staff (4 Lactation Consultants and 11 Breastfeeding Counsellors).

### Project management, training and audit to support Baby Friendly Initiative

The Baby Friendly Initiative is the minimum standard for organisations offering advice and support with feeding. The Baby Friendly Initiative programme is managed by UNICEF, on a self-financing model and they provide the accreditation. PS Breastfeeding CIC project manage this programme for Kent County Council Children's Centres, to enable the authority to achieve full accreditation at Stage 3. Organisations achieve accreditation after evidencing infant feeding policy development, a satisfactory training prospectus, staff training and successful audits of staff competence and user satisfaction. <https://www.unicef.org.uk/babyfriendly/>

### Website and resources

PS Breastfeeding CIC provides the Kent Baby Matters website which has a searchable website for clinics and drop-in sessions across Kent. It also publicises local and national evidence and resources.

### Social marketing and insight

PS Breastfeeding CIC provides information to the public through social media. It also sub-contracts to Activmob, who undertake interviews to provide insight into user and other stakeholder experience.

### Co-ordination of baby friendly venues and campaigns

PS Breastfeeding CIC works closely with local councils and other organisations to promote a friendlier environment for women to feed their babies. They also co-ordinate public health campaigns linked to feeding on behalf of Kent County Council

### What is the proposed model?

The Health visiting service will continue to offer infant feeding support, to all parents through normal health visiting contacts and will also deliver further breastfeeding support via community based clinics.

## The universal health visiting contacts (Antenatal, New Birth visit, 6-8 week and 9-12 month contacts)

All women are contacted and offered advice and support (and referred on to more specialist services if necessary). These are contacts that cover all the needs of women and their families including feeding. Families requiring support can access the health visiting service in between these contacts, for example through the child health clinics. There is also a duty telephone line, which is available Monday-Friday 9am-5pm.

## Drop-In Child Health Clinics

All parents are encouraged to attend Child Health Clinics to access further health visiting support (there are 111 clinics across the 12 districts in Kent). Each Child Health Clinic is run by members of the local health visiting team and offers advice and support on infant feeding as well as a range of topics related to babies and young children's health and development e.g. Sleep, Active Learner, Introducing Solid Food sessions etc.

## Breastfeeding drop-in sessions

In addition to the Child Health Clinics, weekly Breastfeeding drop in sessions with peer supporters will be available from 36 sites. Each session will be run by a dedicated health visitor, working alongside peer supporters. It is proposed that these sessions will run at the same time as child health clinics where possible specifically to support breast feeding not to cover the clinic. Discussions between Early Help and the Health visiting service based on current attendance, accessibility and suitability of venues have indicated that the following locations are most likely to be the venues for the sessions:

Ashford <ul style="list-style-type: none"><li>• Waterside CC</li><li>• Willows CC</li><li>• Ray Allen CC</li></ul>	Sevenoaks, Swanley and Edenbridge <ul style="list-style-type: none"><li>• Spring House (Town)</li><li>• Edenbridge CC</li><li>• Swanley CC</li></ul>
Canterbury and Coastal <ul style="list-style-type: none"><li>• Little Hands CC</li><li>• Poppy CC</li><li>• Riverside CC</li></ul>	Shepway <ul style="list-style-type: none"><li>• Caterpillars CC</li><li>• New Romney CC</li><li>• The Village CC</li></ul>
Dartford <ul style="list-style-type: none"><li>• Brent CC</li><li>• Darenth CC</li><li>• Knockholt CC (or Oakfield)</li></ul>	Swale <ul style="list-style-type: none"><li>• Seashells (Sheppey)</li><li>• St Mary's CC (Faversham)</li><li>• Milton Court (Sittingbourne)</li></ul>
Dover Deal and Rural <ul style="list-style-type: none"><li>• Buckland CC (Whitfield)</li><li>• Blossom CC (Deal)</li><li>• Triangle CC</li></ul>	Thanet <ul style="list-style-type: none"><li>• Millmead CC</li><li>• Priory CC</li><li>• Callis CC</li></ul>

Gravesend	Tonbridge and Malling
<ul style="list-style-type: none"> <li>• Bright futures CC</li> <li>• Next steps CC</li> <li>• Little Pebbles CC</li> </ul>	<ul style="list-style-type: none"> <li>• Snodland (The Hub)</li> <li>• Woodlands CC (East Malling)</li> <li>• The Hub Tonbridge (town)</li> </ul>
Maidstone	Tunbridge Wells
<ul style="list-style-type: none"> <li>• Salvation Army</li> <li>• Meadows CC</li> <li>• Headcorn CC (Rural)</li> </ul>	<ul style="list-style-type: none"> <li>• Little Forest (town)</li> <li>• Cranbrook CC (rural)</li> <li>• Paddock Wood (rural)</li> </ul>

Current locations can be searched on the [www.kentbabymatters.org.uk](http://www.kentbabymatters.org.uk) website.

KCHFT has four Infant Feeding Leads (IFLs) who are undergoing training to become Lactation Consultants. These IFLs will provide support to the health visitors who are providing the breastfeeding drop-in sessions and will be available to answer any queries by telephone.

#### Facilities for breastfeeding support

Privacy can be important to women, who might not want to discuss their difficulties with breastfeeding in front of other women in a clinic. All child health clinics have a private room which is available to the health visitor for consultations. These will also have an additional space or room specifically for the breastfeeding support session in those sites that have been identified. These sessions will not be held in the same space/room as the main child health clinic. In some cases, depending on the venue, it may be necessary to divide off a portion of the room to ensure a sufficiently private space is available for the breastfeeding group. There are similar arrangements in place at some venues in the current model, where other groups may be taking place at the same time as the breastfeeding group and so this is unchanged from current arrangements.

Where there is insufficient space for them both to run alongside each other, then these will be held on separate days. There will be different health visitors supporting the breastfeeding sessions and the child health clinics.

#### Training and supervision for volunteer Breast Feeding Peer Supporters

Training for the volunteer peer supporters will be delivered by the Health Visitor Service trained Infant Feeding Leads (IFLs). KCHFT is currently seeking accreditation for their Peer Support Training Programme. In addition to training, the Infant Feeding Leads will provide clinical supervision four times a year for two hours in a group setting for the Breast Feeding Peer Supporters.

It is proposed that the current number of Peer Supporters is maintained under the new model.



### Breastfeeding Champions

There will be 4 breastfeeding champions in each District who can provide additional support across the organisation and undertake health promotion interventions, such as increasing the number of Breastfeeding Friendly venues.

### Specialist support for breast feeding mothers

Clinical judgement will be needed in assessing if the mother and infant need more help than can be given by a trained health visitor. Referrals from health visitors, other health professionals, peer supporters and self-referrals will be accepted. Need will be assessed and the mother directed to the most appropriate support.

Specialist clinic appointments will be provided by the NHS Health visiting service Infant Feeding (IF) Leads alongside Lactation Consultants. Additional Lactation Consultants will be commissioned by the NHS during an interim period while the four infant feeding leads complete lactation consultant training. Face to face consultations will be on an appointment only basis, following a request for an appointment.

In addition to the specialist clinic appointments, the Lactation Consultants and NHS IF Leads will be available to the health visiting teams, by telephone. This will enable a swift response to more complex issues raised by breast feeding mothers at Breast Feeding drop-in sessions or Child Health Clinics.

It is proposed that initially there will be four Lactation Consultant led clinics a week across Kent, with one clinic in each of the East Kent, West Kent, North Kent and Kent Coastal areas.

It is expected that at least six slots per clinic will be available, with the length of appointments (and therefore total number) dependent on the issues women are being seen with. This will mean lactation consultants will provide at least 24 face to face appointments a week across Kent (approx. 100 appointments per month). As well as seeing mothers in the specialist clinics, the Lactation Consultants will be able to provide telephone advice and home visits (60 minute appointments). It is envisaged that parents will be responded to within 24 hours and that if there are more referrals from health professionals from a particular location, the clinic can be flexible to move to the area of greatest need, reducing unnecessary travel time for the parents. The National breastfeeding helpline is open 09.30-09.30 every day. NCT and La Leche also have a helpline

Currently, specialist clinics are the default service of choice, with fewer mothers accessing peer support. From the last twelve months' data available from the service, nearly 75% of women were seeing a lactation consultant or breastfeeding counsellor compared with 25% accessing peer support. PS Breastfeeding CIC record reasons for accessing specialist services as:

- Milk supply/weight issues
- Latching problems
- Pain
- Other

We believe that by implementing a model, in which peer support clinics are run alongside child health clinics, led by a dedicated health visitor, women will be able to access a level of support which is intermediate between that offered by peer supporters and that offered by lactation consultants. This is expected to reduce the number of women that need to see a lactation consultant as health visitors would be able to effectively support the majority of women with their infant feeding problems (as is the case across the majority of the country).

Although we recognise that within our proposed model there is a decrease in the number of lactation consultant clinics, this is accompanied by a large increase in the provision of intermediate support available to women which we believe will more than compensate for this and be more appropriate for our population.

It is important for Lactation Consultants to be focussed on those families requiring most support and it is expected that the proposed appointment system will be an effective way to make the service more efficient and responsive to family needs. It is also important to highlight that the open access support, including peer support and health visitor advice, will remain available to all and will continue to capably address the majority of issues involved in infant feeding support.

These arrangements will be subject to review and continuous improvement through performance management to ensure there is the right amount of specialist support based on clinical need. If it becomes apparent that the number of clinics is insufficient to meet the level of need, then the number and location of clinics will be reviewed and increased if necessary to ensure sufficient support is available to all women who require it. KCC is committed to ensuring that access to Lactation Consultant support will be provided for all women and their babies who need it.

#### Total number of clinics

In total under our proposed model there will be 36 breastfeeding drop-in groups staffed by a dedicated health visitor alongside peer supporters. There will be four appointment only lactation consultant clinics. This is in addition to the 111 child health clinics where parents can receive infant feeding advice from health visitors and community nursery nurses

#### Total numbers of staff

Excluding vacancies the health visiting service currently has 307 health visitors (236.24 whole time equivalent) and 90 community nursery nurses (72.12 whole time equivalent). As stated previously, the vast majority of these staff have received BFI training and are able to support mothers with infant feeding. In addition there will be four champions available in each district.

#### Healthy eating workshops (Introduction to Solids and Family Meals)

Part of the core role of the NHS Health Visiting Team is to advise all parents on up to date information related to introducing solids and moving onto healthy family meals.

Each district will offer a rolling parent programme which includes a Solids Workshop Session. These sessions provide parents with all the information they need to know about healthy eating and healthy start vitamins.

### Communication campaigns including Baby Friendly venues

Information about services will be given at all antenatal and new birth visit contacts. A poster will be distributed to all health centres, child health clinics children's centres and NHS will ensure libraries and nurseries have the information. The information will be on the Health visiting service website.

### Project management, training and audit to support Baby Friendly Initiative

KCHFT is currently at Stage 1 on the way to achieving Baby Friendly Initiative status and is expected to be assessment ready for stage 2 by March 2018. In addition, it is proposed that it will also provide project management and training for the Children's Centre process from 1<sup>st</sup> March.

### 6-8 week breastfeeding data collection

The Health visiting service is responsible for collecting the 6-8 week data on breastfeeding. Once the national target of 95% recording of women's feeding method is achieved, there will be a robust baseline for prevalence on which changes can be measured.

The diagram below shows a simplified picture of the support that will be available to women. It does not describe every detail of the work that is proposed. Although this diagram only covers the first year of life, the Health visiting service covers 0-5 years.

### Tongue Tie

Tongue tie procedures and hospital provided services by midwives and hospital based peer supporters are outside the scope of this consultation as they are commissioned by Clinical Commissioning Groups.

### What difference will the proposed model make to families who need the Service?

Families who need extra support will still have access to the services they need. They will all be provided by the NHS, rather than being referred to a separate agency.

Families will get the help they need in a more joined up and integrated way.

## Appendix B Evidence Base

### The National Evidence Base

Nationally Health Visiting Teams are responsible for leading and delivering the Department of Health's evidence based Healthy Child Programme for all children age 0-5years. Public Health England (PHE) has identified breastfeeding as one of the six high impact areas for health visiting. PHE state that health visitors are ideally placed to provide both support to individual mothers and to lead implementation and delivery of evidence-based public health programmes across a locality.

"Health Visitors in particular are well positioned to support mothers with breastfeeding because of their continuous and active engagement with mothers and fathers starting ante-natally and continuing through the early weeks and months of parenthood. They provide individualised advice on breastfeeding and have a key role in delivering and signposting mothers to breastfeeding peer support programmes and specialist support services, as well as promoting the benefits of breastfeeding with fathers.

Delivery of breastfeeding support should be co-ordinated across the different sectors, health visitors act as the interface with key partners including midwives, GPs, GPNs\* and early year's settings and as partners in a multi-agency approach to this important and shared public health outcome.

All of this is underpinned by the need to meet the Marmot recommendations and The 1001 Critical Days to reduce inequalities and give all children the best start in life."

Source: Public Health England Early years High Impact Area 3: Breastfeeding

\*General Practice Nursing

The role of health visitors in supporting breastfeeding is also covered in NICE Public Health Guideline PH11 'Maternal and child nutrition', NICE Local Government Briefing LGB22 'Health Visiting' and Routine postnatal care of women and their babies, CG37.

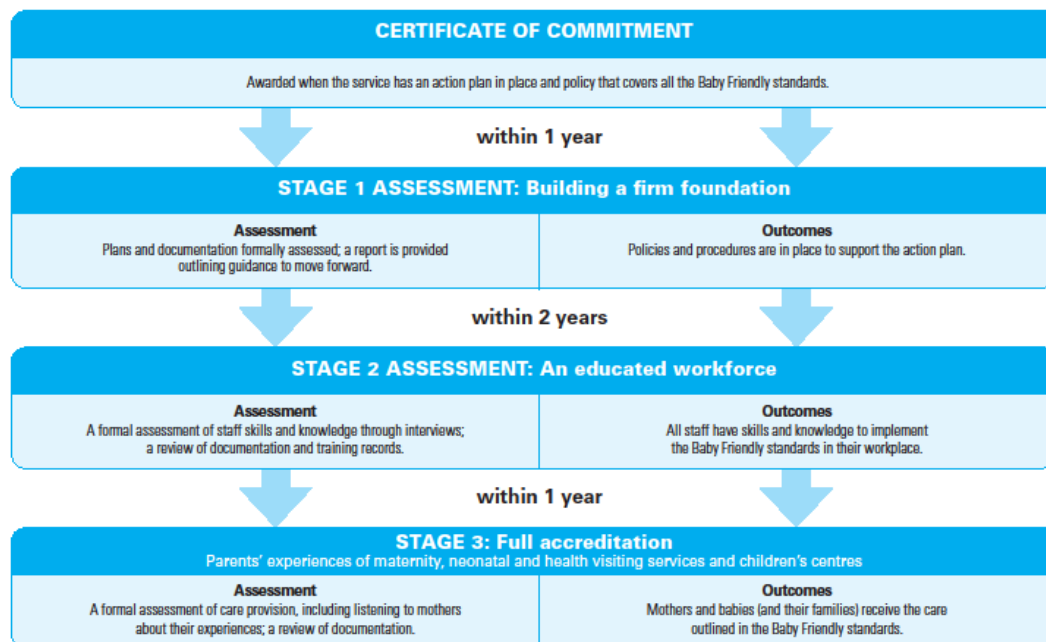
Public Health England and Unicef UK have developed guidance to support the commissioning of evidence-based interventions to improve breastfeeding rates across England which states "Health visitors play an important role in delivering Early Years High Impact Area 3: Breastfeeding. They are specially trained to support families to breastfeed and to get additional help by signposting them to other local services."<sup>1</sup>

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<sup>1</sup> <https://www.gov.uk/government/publications/infant-feeding-commissioning-services>

The Baby Friendly Initiative is an evidence based programme that follows the following stages. It is proposed that the Health visiting service and Kent Children's Centres will jointly achieve Stage 3 accreditation.

#### UNICEF UK Baby Friendly Accreditation: An overview



## Appendix C Case Studies

### Case studies of support being delivered by Health Visitors

#### **South Warwickshire: Mothers' experiences of Health visiting services (source: DH High Impact Area 3: Breastfeeding March 2015)**

In South Warwickshire, breastfeeding rates are going up and parents are seeing a real difference in the service they receive. This is improving parents' experience and the outcomes for children and mums.

South Warwickshire NHS Foundation Trust Integrated and Community Care Division, along with Warwickshire Children's Centres, have recently been accredited as being Baby Friendly by the UNICEF Baby Friendly Initiative, one of only 12 organisations across the UK which has jointly been accredited. Breastfeeding duration rates continue to slowly increase across Warwickshire and listening to mother's experiences would suggest that satisfaction rates are increasing much faster.

The continuity of care within the health visiting service was much appreciated by the mothers. Home visiting, the building of relationships with one person and the level of communication were all valued highly.

UNICEF produced a Report in November 2014 that said a number of positive things: "Innovative programmes nurture both mothers and staff" and "these innovations illustrate the creative way the services have faced challenges".

#### **West Sussex: Sussex Community NHS Foundation Trust (source: from service)**

As part of the Health Visiting team that delivers Infant and Breastfeeding support, they have a team of three specialists, two are Lactation Consultants and one is very close to qualifying. Specialists take referrals and undertake consultations face to face, over the phone and home visits. Anyone can ring in to their office; they take self-referrals and also referrals via Healthy Child Programme teams, although if quite straight forward they would advise the mum to go to one of their 17 MILK! Drop ins first.

The Team provides all the training across West Sussex which includes training for health visitor Infant Feeding Advisers (IFAs), who are more knowledgeable than those who have had the two day training. IFAs and Key Trainers have 4 updates a year to keep them up to date. They provide 2 day training for all staff as well as training in how to run a drop-in (day 3). They provide 12 week courses for peer supporters and supervision.

The Drop-ins are run by IFAs with peer supporters. Mums can come as much or as little as they like and they are encouraged to come for social reasons as well as when they have an issue.

West Sussex get, on average, about 24 mums per month who are referred into the specialist directly and all the other mums go to the local drop in. These mums who are referred for specialist help may need a phone call, several phone calls or one or more home visits depending on the issues.

The West Sussex service should shortly hear whether they have achieved their Stage 3 accreditation. Current data suggests (like Kent their coverage rates are too low to be published) that their 6-8 week continuation prevalence is 55.9%, compared to Kent which is 43%. (The England rate is 44.3%).

There are approximately twice as many new births in Kent as there are in West Sussex per year.

## Appendix D Types of breastfeeding support

All of the following individuals who can help families will have on-going continuing professional development and supervision in place

Increasing level of expertise →

Peer Supporter	Community Nursery Nurse	Health Visitor	Breastfeeding Counsellor	Infant Feeding Leads (IFLs)	International Board Certified Lactation Consultant
Mothers who have breastfed their own baby, who have had 16-36 hours training. Role is to encourage and support basic breastfeeding issues under supervision.	CNNs have undertaken theoretical and practical training in child development from 0-8 years, qualifications include Diploma in Childcare and Education, Level 3 BTEC National Diploma in Early Years, NVQ Level 3 in Early Years and Education. The CNNs also receive the same Baby Friendly Initiative accreditation as Health Visitors.	Health visitors are trained nurses (some are midwives) who are highly trained in public health and are on the Nursing and Midwifery Council Register as Specialist Community Public Health Nurses. On the register they are designated as health visitors, which means that their training programme has focused a broad range of health issues, including infant feeding. In addition they will have had 18 hours Baby Friendly training and practical assessments.	Mothers who have breastfed their own child for 6-12 months. Average two years part-time training. They will have extensive counselling skills. Support with common breastfeeding problems.	Trained health visitors who have attended the Baby Friendly Initiative course that enable them to train the Health visiting service workforce, including managers. As well as this training they are also studying to be accredited Lactation Consultants and obtaining further specialist skills regarding Tongue Tie and have attended specific study days and conferences out of area to be confident and proficient practitioners. The lead dietician is providing the IFLs with further education and support around specialist milks and more complex feeding issues within the infant feeding arena and referral process.	Can be health professionals or counsellors who have 1000 hours helping breastfeeding families, with at least 90 hours education after initial training. They will also have taken an examination prior to registration. They can advise and support on any breastfeeding issues.