Northamptonshire County Council

Breastfeeding

Joint Strategic Needs Assessment

1. INTRODUCTION

There is clear evidence that breastfeeding offers health and social benefits to both mother and baby[1][2]. These health benefits are sustained in the short and long term, thereby making breastfeeding a key public health issue[3]. Breast milk provides a baby with perfect nutrition and everything they need for growth and brain development[4]. It also plays an important role in protecting against childhood obesity together with the development of asthma and diabetes and reducing childhood mortality.[5] In addition, mothers who breastfeed are less likely to develop pre-menopausal breast cancer, ovarian cancer and osteoporosis.[6] They are also less likely to suffer from anaemia, brittle bone disease and are more likely to lose the weight they put on during pregnancy[7].

The Government has selected the target of increasing breastfeeding rates, especially in disadvantaged groups (such as those living in areas of social deprivation and teenage mothers), in an attempt to reduce the 'health gap'. The World Health Organisation (WHO), United Nations Children's Emergency Fund (UNICEF), Department of Health (DoH) and National Health Service (NHS) consistently advocate and promote the health benefits of breastfeeding for both the mother and infant. Improving breastfeeding prevalence, and reducing health inequalities, will depend on knowing local populations well, mapping service provision, assessing evidence of what works and addressing service gaps therefore a breastfeeding needs assessment was produced.

Improving breastfeeding rates is a priority locally as the initiation and continuation rates are lower in the county than the England average. This chapter aims to draw together the findings of the prenatal and postnatal needs of women in Northamptonshire with regard to breastfeeding support from the Breastfeeding Health Needs Assessment, and to assess the evidence base around effective interventions and current service provision in order to inform a strategic action plan to increase the rates of breastfeeding initiation and continuation locally.

[1] http://www.who.int/maternal_child_adolescent/documents/breastfeeding_long_term_effects/en/
[2] https://www.nice.org.uk/guidance/ph11
[3] http://www.who.int/maternal_child_adolescent/documents/breastfeeding_long_term_effects/en/
[4] http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/benefits-breastfeeding.aspx
[5] http://www.ncbi.nlm.nih.gov/pubmed/23109090
[6] http://www.ncbi.nlm.nih.gov/pubmed/19094257
[7] http://www.breastfeeding.see.nhs.uk/title/for-you!-45

The cost of not breastfeeding

Babies who are not breastfed are five times more likely to be admitted to hospital with gastroenteritis. A 10% increase in breastfeeding prevalence at 6 months would avoid 1,700 cases of otitis media, 3,900 cases of gastroenteritis and 1,500 cases of asthma a year.[8] There is also evidence to suggest that breastfeeding may have long-term benefits in adulthood, such as lowering blood pressure and total cholesterol levels together with protecting mothers against breast cancer. The relative risk of breast cancer decreases by 4.3% for every 12 months of breastfeeding.[9] Treatments for any of these health conditions would incur further costs to the public purse. Not breastfeeding is therefore costly, not only in terms of consequences for mothers, babies and families, but to a range of services charged with meeting their needs. Increasing breastfeeding prevalence therefore contributes to reductions in health service costs [10].

Breastfeeding: NICE[11] costing report suggests breastfeeding initiation at 80% improves short and long term health benefits to the mother and child such as reduced readmission rates to hospital in the first 30 days and reduced incidence of breast cancer. Net saving in improvement in breastfeeding indicates that savings vary from £1.9 million to £5.6 million for England. Similar findings were presented in the UNICEF paper *Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK*[12].

[8] DoH and DfCSF (2009) Commissioning local breastfeeding support services
[9] NICE (2006) Postnatal care: routine postnatal care for women and their babies. Costing Report
[10] http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_106497.pdf
[11] https://www.nice.org.uk/guidance/cg37/evidence/full-guideline-485782237
[12] http://www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf

2. WHO IS AT RISK & WHY

The reasons for low breastfeeding rates in the UK are multi-faceted and include the influence of society and cultural norms, the lack of continuity of care, clinical problems and the lack of support to enable mothers to breastfeed effectively[13]. Problems often inter-relate and a pregnant woman considering how to feed her baby may be influenced by the experiences of her friends and family, messages in the media, and the advice of medical and non-medical staff.

For women who do commence breastfeeding, they may experience a number of issues which can result in them stopping. These issues range from the sense of not having enough milk[14], to sore breasts and cracked nipples[15]. These factors can further be heightened by a lack of support and negative society attitudes[16]. Any or all of these factors could potentially be contributing to high drop off rates in Northamptonshire.

Breastfeeding rates have been low in the UK for several generations and professionals, childbearing women, families and the public at large have all been exposed to formula feeding as the norm[17], therefore there needs to be a broad change in culture across many different platforms.

Evidence informs us that breastfeeding initiation is particularly poor in disadvantaged groups and young White women[18] and this is a particular occurrence locally.

[13] http://www.breastfeedingmanifesto.org.uk/doc/publication/EAB_Breastfeeding_final_version_1162237588.pdf
[14] http://www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf
[15] http://www.unicef.org.uk/babyfriendly/
[16] https://www.rcm.org.uk/news-views-and-analysis/analysis/breastfeeding-barriers-and-breakthroughs
[17] http://www.breastfeedingmanifesto.org.uk/doc/publication/EAB_Breastfeeding_final_version_1162237588.pdf
[18] http://www.breastfeedingmanifesto.org.uk/doc/publication/EAB_Breastfeeding_final_version_1162237588.pdf

3. THE LEVEL OF NEED IN THE POPULATION

The breastfeeding profile of Northamptonshire shows a mixed picture of breastfeeding across the county. It shows that population size and cultural diversity will continue to alter communities over the next twenty years. It also illustrates that fertility rates in deprived areas can be higher but that breastfeeding initiation is not purely confined to the more affluent areas of the county. Analysis of the GP practice data has, for the first time, shown that there are marked variations in breastfeeding initiation and continuation rates.

DEMOGRAPHICS

Northampton has the largest number and proportion of the female population aged 15 to 44 years old (41.6%). There are also pockets with high numbers of females aged 15 to 44 years in some of the more rural areas such as South Northamptonshire and East Northamptonshire. There is a projected increase in the number of women of child bearing age and births in Corby, Northampton and Kettering. The largest increase in women of child bearing age is projected in **Corby**, with an estimated **6%** increase over the next 10 years (an additional **800** women) and an additional **7%** over the following 10 years (an increase of **1,000** women). **Northampton's** population is projected to increase by nearly **3%** in the next 10 years (**1,200** women) and an additional **3%** in the following 10 years (**1,600** women). **Kettering** is projected to decrease slightly in the next 5 years, but then increase between 2017 and 2032 by **6%** (increase of **1,100** women).

A note of caution is needed, as these projections do not take into account housing developments planned locally over the next 10 years. Based on the number of projected completions, in 2015-16, there will be greater numbers of houses due to be built in **Northampton**, **Kettering** and **East Northamptonshire**. These may meet the demand for the local population or attract new people coming into the area and therefore it is difficult to assess the impact of this new housing on the growth of the population.

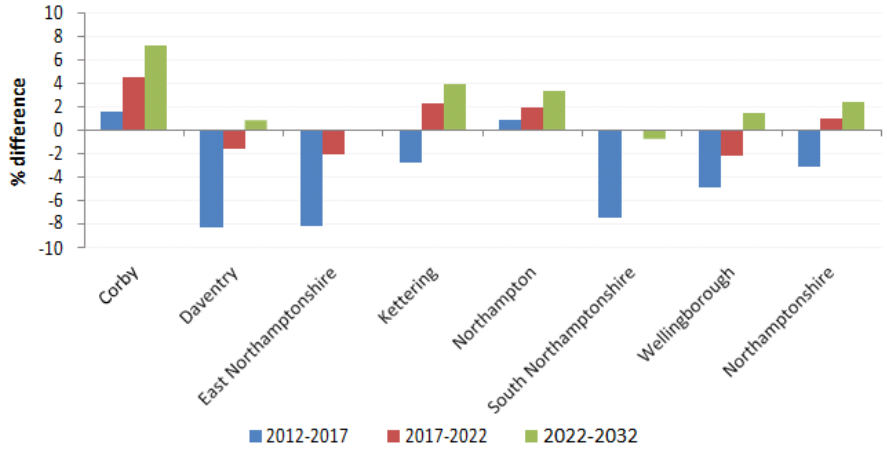


Figure 1: Population change in women aged 15 to 44

According to the Census (2011) Northampton and **Wellingborough** have the more diverse female populations. All areas show a more diverse profile for women of child bearing age compared to other ages.

BREASTFEEDING INITIATION

The proportion of mothers initiating breastfeeding in Northamptonshire was **74.3%** in 2014/15,[19] in line with the national average (74.3%) as shown in **Error! eference source not found.**. There is variation by district with **Corby** and **Kettering** showing significantly lower rates of initiation than the national average and **Daventry** and **Northampton** showing significantly higher rates.

There is a significant correlation between the level of GP practice population deprivation and initiation rates. However, initiation cannot be solely attributed to deprivation. **Northampton has significantly higher initiation rates** than the rest of the county. There is large variation by GP practice, initiation rates range from 56% to 89%. There are 12 GP practices with significantly lower than average initiation rates and 9 with significantly higher rates.

[19] A data quality issue (number of maternities not meeting criteria) is raised in published data for South Northamptonshire which could result in a slightly inaccurate county wide figure

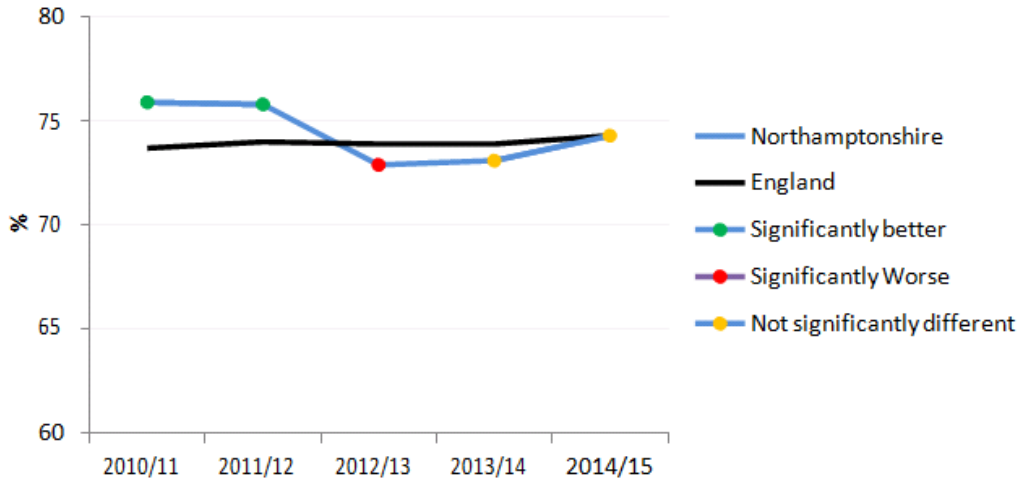


Figure 2 Breastfeeding Initiation Rates (PHOF, NHS England, and NCC)

More detailed maps and charts, showing the geographic spread of those women initiating breastfeeding and those who are not along with more detail about GP practice variation, can be found in the Breastfeeding Health Needs Assessment.

BREASTFEEDING PREVALENCE AT 10-14 DAYS

The prevalence of breastfeeding (mixed or sole breastfeeding) at 10-14 days was 57.3% in 2014/15, compared to 55.4% in 2013/14. There is no correlation (r= -0.15; p=0.297) between prevalence of breastfeeding at 10-14 days and deprivation of the area the GP practice covers.

More detailed maps showing the geographic spread of those women continuing breastfeeding at 10-14 days and those who are not, along with more detail about practice variation, can be found in the Breastfeeding Health Needs Assessment.

BREASTFEEDING PREVALENCE AT 6-8 WEEKS

In 2014/15 43.2% of mothers were still breastfeeding at 6-8 weeks compared to the national average 43.8%. At a district level four have breastfeeding prevalence rates significantly below the national average, Kettering (36.2%), Corby (36.4%), East Northamptonshire (39.2%) and Wellingborough (39.4%). Two areas (Daventry and South Northamptonshire) have no data due to data quality reasons and Northampton is the only district with significantly higher than England prevalence.

There are 10 GP practices with significantly lower than average prevalence at 6-8 weeks and 14 with significantly higher rates. There is not a significant correlation (r=-0.22; p=<0.07) between GP practice deprivation and prevalence of breastfeeding. There is a large variation across practices with a range from 27.4% to 64.6%.

More detailed maps showing the geographic spread of those women continuing breastfeeding at 6-8 weeks and those who are not, along with more detail about practice variation, can be found in the Breastfeeding Health Needs Analysis.

DROP-OFF RATES FOR BREASTFEEDING BETWEEN INITIATION AND 6-8 WEEKS

Drop-off rates for 2014/15 between initiation and prevalence at 6-8 weeks shows the drop-off rate in the county is similar to England at 41.9% and 41.3% respectively. Northamptonshire's overall breastfeeding continuation rates decline at a slightly faster rate than that of the England average.[20] The highest drop off rates (significantly higher than England) can be seen in Kettering (46.9%), East Northamptonshire (46.2%), Wellingborough (46%) and Corby (45.8%) (**Error! Reference source not found.**).

[20] BIPI (2015) Breastfeeding profile

Table 1 Drop-off rates 2014/15, initiation to prevalence at 6-8 weeks (NHS England & NCC)

	Initiation %	Prevalence 6-8 weeks %	Drop Off rates %
Corby	67.2	36.4	45.8
Daventry	79.1	47.1	40.5
East Northamptonshire	72.8	39.2	46.2
Kettering	68.2	36.2	46.9
Northampton	76.9	47.4	38.4
South Northamptonshire	81.2	52.6	35.2
Wellingborough	73	39.4	46.0
Northamptonshire	74.3	43.2	41.9
England	74.3	43.8	41.3

4. CURRENT SERVICES IN RELATION TO NEED

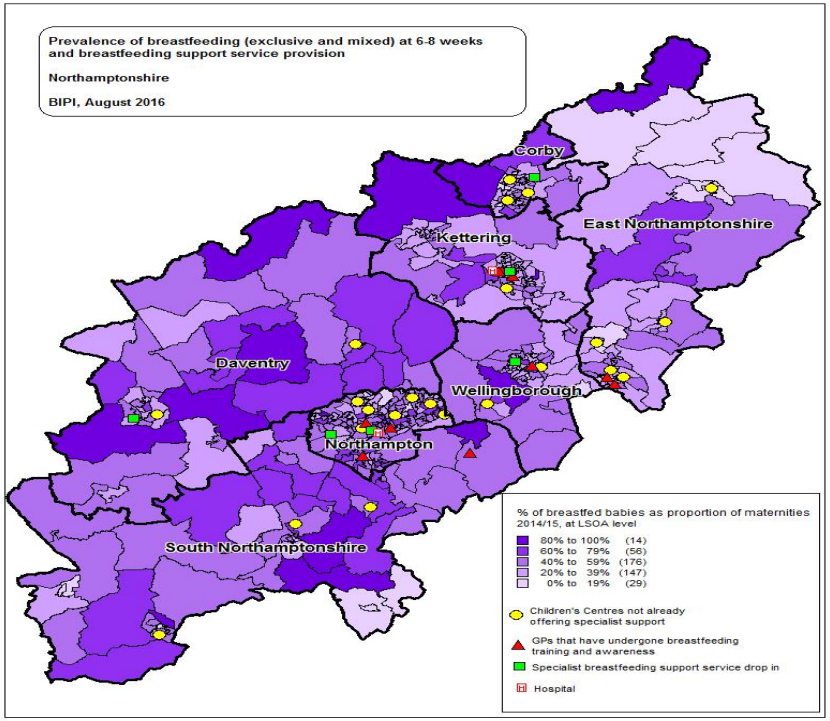
A variety of different services are currently provided by acute, community and voluntary services across Northamptonshire. Map 1 below illustrates breastfeeding prevalence at 6-8 weeks and breastfeeding support provision.

Northampton benefits from having a specialist breastfeeding support[21] service running weekly sessions. This service provides valued support to breastfeeding mothers which may explain the higher breastfeeding initiation figure.

In a Wellingborough library there is one breastfeeding support group, but this is newly formed and therefore won't be reflected in the 2014/15

Baby ways was a previously run project from January 2012 to March 2015 and was funded by NGH. The reach of this programme covered Northampton, Daventry and South Northamptonshire and therefore this could be a contributing factor to the higher initiation rates in these areas. There are also two breastfeeding support groups running in the Daventry area, one in a children's centre and one in a library. All of these elements could further support breastfeeding initiation.

Detailed service provision can be seen in Breastfeeding Health Needs Assessment.data.



Caveat – Health Visitors and Family Nurses work across all of Northamptonshire providing breastfeeding support.

[21] The team is led by the Infant Feeding Lead for health visiting who is a qualified Lactation Consultant and is supported by a health visitor and three support workers. The team offer one to one support to those that experience feeding difficulties.

5. PROJECTED SERVICE USE & OUTCOMES

BIRTH AND FERTILITY RATES:

There is a higher fertility rate in those from the most deprived areas. The total fertility rate (TFR)[22] is used as it is less susceptible to differences in age structures. The TFR in Northamptonshire in 2014 is slightly higher than England at **1.97** children per woman compared to **1.83** in England as a whole. Across the county, **Wellingborough** and **Kettering** had the highest total fertility rates with **2.12** children per woman. Over the last 10 years, the rate has stayed consistently higher in **Wellingborough**, has started to decline in **Corby** and has shown an increase in **Kettering** .

Despite high fertility rates in **Wellingborough**, the trends and the population and birth projections indicate the rate will reduce, whereas an increase will be likely in **Kettering**. Differences for **Corby** and **Northampton** may be due to younger populations and higher number of births overall. In the county there are significantly higher birth rates in mothers of Other, White Other, Pakistani, Black African and Bangladeshi ethnicity when compared with White British mothers.

[22] average number of children a woman would expect to have if she lived to the end of her childbearing years and experienced the same age specific fertility rates for that area and time period.

6. EVIDENCE OF WHAT WORKS

A detailed literature search of the evidence was carried out in the Breastfeeding Health Needs Assessment. A summary is provided here.

BABY FRIENDLY INITIATIVE

The UNICEF Baby Friendly Initiative (BFI) is considered to be an approach which exemplifies the qualities and approaches needed to improve breastfeeding initiation and continuation rates. The initiative focuses around the needs and views of mothers and is an assessment led approach which aims to improve practices across community and hospital settings. This approach ensures consistency of standards across settings. There is a robust international body of evidence that demonstrates completion of the Baby Friendly Initiative will increase breastfeeding initiation by 10% and continuation rates at 7 days by 8%[23][24]

In Northamptonshire, a number of different stakeholders are working towards Baby Friendly accreditation, see **Table 2** below.

Table 2: Local progress towards Baby Friendly Accreditation

Service	BFI level achieved
Midwifery training programme delivered by University of Northamptonshire	Fully Accredited
Health Visiting	Level 2
NGH	Level 3
KGH	Level 3
Children's centres	Level 1

The literature suggests that co-ordinated approaches, undertaken within both hospital and community settings, are the most effective at extending the duration of breastfeeding. NICE also expresses the need for interventions to be multi-faceted to ensure they reach all members of society[25]. Both the Baby Friendly initiative and NICE fully utilise robust evidence bases when advocating approaches and therefore their advice should be heeded and used to inform practice wherever possible.

[23] http://www.ncbi.nlm.nih.gov/pubmed/16926214
[24] https://www.researchgate.net/publication/51904600_A_systematic_review_of_structured_versus_non-structured_breastfeeding_programmes_to_support_the_initiation_and_duration_of_exclusive_breastfeeding_in_acute_and_primary_healthcare_settings
[25] https://www.nice.org.uk/guidance/ph11

NATIONAL INSTITUTE OF CLINICAL EVIDENCE (NICE) GUIDANCE

NICE provides evidence-based guidance to support delivery of national priorities. NICE Guidance in relation to breastfeeding includes maternal and child nutrition, antenatal care, postnatal care, and commissioning a peer support programme. Key points from the guidance are summarised below.

PH11: Improving the nutrition of pregnant and breastfeeding mothers and children in low income households (2008)

- NHS commissioners and managers are advised to develop a breastfeeding policy and implement a structured programme to encourage and support breastfeeding. **It should include training and continuing professional development for health professionals, peer support programmes and education for pregnant women.**
- Health professionals working with women and young children are advised to encourage breastfeeding by providing information, practical advice and ongoing support – including advice on healthy eating and supplements, breastfeeding education, local support services and advice on how to express and store breast milk safely.
- It is recommended to work in partnership with community, voluntary and private organisations to ensure mothers can feed their babies in public areas without fear of interruption or criticism.

CG62: Antenatal care: Routine care for the healthy pregnant woman (2008)

- Information provided during antenatal appointments should cover participant-led antenatal classes and breastfeeding workshops.
- Advise women of the importance of Vitamin D intake during pregnancy and breastfeeding (10 micrograms per day).
- Give specific information (at or before 36 weeks) on breastfeeding: technique and good management practices, such as detailed in the UNICEF Baby Friendly Initiative.

CG37: Routine postnatal care of women and their babies (2006)

All healthcare providers should:

- Implement an externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative as a minimum standard.
- Have a written breastfeeding policy that is communicated and implemented.
- Ensure Breastfeeding Support is available in all care locations.

EVIDENCE BASE FOR EFFECTIVE BREASTFEEDING INTERVENTIONS

Evidence has been taken from the Cochrane Library published reports Support for Healthy Breastfeeding Mothers with Healthy Term Babies[26] and Antenatal Breastfeeding Education for Increasing Breastfeeding Duration[27]. In addition a literature search of medical databases.

Key themes from Cochrane reviews and database literature search

- All women should be offered support to breastfeed their babies to increase the duration and exclusivity of breastfeeding
- Support may be offered either by professional or lay/ peer supporters, or a combination of both
- The way individuals gather, receive and interpret information is dynamic[28] and support should be offered in different forms
- Social media is an important vehicle to disseminate information and a means of providing additional support
- Strategies that rely mainly on face-to-face support are more likely to succeed
- Peer counselling significantly increased breastfeeding initiation
- The psycho-social elements of interventions are deemed as very important to mothers
- Mothers valued accessible, non-judgmental services.

For further detail about what works please see the Breastfeeding Health Needs Assessment.

Cost savings from more women breastfeeding

The NICE report, 'Modelling the Cost Effectiveness of Interventions to Promote Breastfeeding'[29] illustrates that a breastfeeding peer support scheme which achieves a relatively high increase in breastfeeding rates would be unambiguously cost-effective in producing health benefits and net savings.

[26] http://www.ncbi.nlm.nih.gov/pubmed/22592675
[27] http://www.ncbi.nlm.nih.gov/pubmed/22972092
[28] http://www.ncbi.nlm.nih.gov/pubmed/25712127
[29] https://www.nice.org.uk/guidance/ph11/evidence/economic-report-modelling-the-cost-effectiveness-of-breast-feeding-369849855

In determining the cost and consequences of an intervention, NICE suggests that an investment of £20,000 in a peer support scheme produces net societal savings of £5,500. They also suggest that a peer support scheme would avert 0.057 cases of pre-menopausal breast cancer in mothers (2.7 cases per 10,000) and almost 6 cases (285 cases per 10,000) of infections requiring hospitalisation in the first year of life.

In determining the cost and consequences of an intervention to promote breastfeeding, the model addresses the impact of breastfeeding initiation and duration on the subsequent risk of breast cancer and a number of childhood infections. There are potentially many other health benefits for baby and some to mother associated with breastfeeding, but evidence in these areas is more complex. However NICE acknowledge that there are other health benefits and "downstream savings" not accounted for in this example, and therefore the results will tend to underestimate the cost-effectiveness of any such intervention. Further details can be found in Appendix 14 of the Breastfeeding Health Needs Assessment.

7. TARGET POPULATION / SERVICE USER VIEWS

VIEWS OF MOTHERS

In January 2013, for one week, mothers in Northamptonshire were consulted via a questionnaire regarding breastfeeding support services. Mothers were asked to identify any inequity or gaps in service. In total, 373 completed questionnaires were received, 91% of whom were from breastfeeding mothers. The high prevalence of questionnaires completed by breastfeeding mothers therefore makes the survey results non representative of the county population. However the survey authors, Pippa Gilbert (Health Improvement Coordinator, NCC) and Marie McLoughlin (Specialist in Public Health, NCC) concluded that four themes could be identified in the reasons why women may stop breastfeeding earlier than they planned. These are: social causes, physiological difficulties, lack of support and baby related issues. Survey results indicated that 26% of respondents stopped breastfeeding before they planned, due to a range of issues. Mothers said they wanted well educated and skilled frontline staff, to know how and where to access services, they want services to come to them in the early days and then progress on to local services and support to be available for complex breastfeeding difficulties.

Recurring views from mothers gathered by the specialist breastfeeding service are:

- They would have given up breastfeeding without support
- They would like the specialist drop-in to be more frequent and sessions to be made available county-wide
- They particularly value home visits and face to face individualised support
- They would like more specific breastfeeding information antenatally
- They sometimes receive confusing and conflicting information from other Health Professionals.

8. UNMET NEEDS & SERVICE GAPS

Partnership working across the county needs to aid delivery of the National breastfeeding agenda. The key issues and gaps are:

- Projected increase in the number of women of child bearing age and births in Corby, Northampton and Kettering. Women aged 15-44 years have proportionally a more diverse ethnicity profile.
- Breastfeeding initiation rates in the county are in line with national average, however significantly lower rates seen in Corby and Kettering.
- Significant correlation between the level of GP practice population deprivation and initiation rates. However, initiation can not be solely attributed to deprivation. Northampton has significantly higher initiation rates than the rest of the county.
- There is significant variation in breastfeeding initiation and prevalence at 10-14 days and 6-8 weeks across GP practices. Further analysis is needed of those practices highlighted as outliers to identify socio-economic and demographic differences between the practices.
- Northamptonshire's overall breastfeeding continuation rates decline at a slightly faster rate, than that of the England average.[30] Attrition of breastfeeding is particularly noticeable in Kettering, East Northamptonshire, Wellingborough and Corby where the drop-off rates significantly exceed the England average.
- Attrition of breastfeeding is greatest in the first 14 days, indicating that more support is required in the early days following a birth
- There is resounding, high quality evidence that peer support programmes adopting multi-faceted approaches can positively impact on breastfeeding initiation and continuation rates (Cochrane Reviews) with intervention groups showing a 10% improvement in continuation rates[31]. Peer support programmes need to be commissioned across the County
- The views of current service provision indicate that more support should be provided for breastfeeding mothers
- The views of mothers indicate they want more support and they want this support to be available over a number of different media.

In Northamptonshire the challenge is to develop and deliver effective breastfeeding promotion strategies and programmes that address a broad range of issues around breastfeeding.

[30] BIPI (2015) Breastfeeding profile
[31] http://www.ncbi.nlm.nih.gov/pubmed/19854119

It is a mandated requirement that health visitors will undertake antenatal contact with pregnant women, together with a new birth review and 6-8 week contact. Datasets are in place to monitor staff activity is taking place and the number of breastfeeding conversations is electronically recorded. Thereby the service is able to demonstrate the work being undertaken in this area. It is hoped that the antenatal visit will enable a positive relationship to be formed between the expectant mother and health visitor. This relationship may ultimately contribute to a mother feeling more supported to breastfeed.

GAPS IN BREASTFEEDING SUPPORT

The attrition rates show the problem we are trying to solve is how to support the mothers of Northamptonshire so that they want to commence breastfeeding in the first place and then feel sufficiently supported to enable them to continue to breastfeed.

From mapping current service delivery against best practice and the evidence base it is clear to see there are gaps in service.

These include:

- Markedly reduced support for mothers over weekends
- Markedly reduced support for mothers outside of traditional 9-5pm office hours
- Support is predominantly provided by health professionals rather than a diverse range of people and practitioners
- The ethnic profile of the workforce and voluntary sector working in this area does not proportionally represent the profile of the population in the community
- Limited service capacity to provide proactive support rather than reactive support
- Current breastfeeding support using multimedia communication is extremely limited
- No peer support programmes are running in the county
- Multifaceted interventions are not taking place.

9. RECOMMENDATIONS

RECOMMENDATIONS FOR COMMISSIONING

The needs assessment has identified some of the barriers to breastfeeding and it is apparent the reasons are far reaching and complex, affecting not only the individual, but families and communities.

A detailed research of the best practice evidence base unequivocally illustrated the benefits of having peer support programmes running aside universal service delivery. The quality of the evidence behind this approach is such NICE, UNICEF and the WHO all advocate the adoption and implementation of peer support programmes.

While many consider breastfeeding to be a natural act, it is also a learned behaviour. An extensive body of research has demonstrated that mothers and other caregivers require active support to establish and sustain appropriate breastfeeding practices[32]. The Northamptonshire breastfeeding needs assessment concludes with a range of recommendations which will support the development of future work and service development, see table below for a full list.

Recommendations

Findings	**Existing provision**	**What we need to do**
Breastfeeding strategy	Current strategy is due to expire in 2016	To develop evidence based breastfeeding strategy
Incomplete data	Incomplete datasets • Breastfeeding at discharge from KGH • Inconsistency in birth data	To improve data flow between maternity and health visiting services
To gain an understanding of why some mothers do not breastfeed	None	To understand the barriers to not initiating breastfeeding

[32] http://www.who.int/maternal_child_adolescent/documents/breastfeeding_long_term_effects/en/

		To undertake breastfeeding market segmentation to inform future social marketing strategies so that perceptions around breastfeeding can be changed To work with localities to raise the importance of breastfeeding
Variation in GP practices with breastfeeding initiation and continuation rates	Initial data analysis	To further undertake analysis of GP data and variation between practices To get more GP practices to undertake Baby Friendly Initiative breastfeeding training to raise knowledge and skills amongst practitioners
Commissioning barriers	Specialist breastfeeding support service is commissioned on an annual basis	To commission services on a 3 yearly cycle so that services have time to plan and instigate changes to service and service delivery To work with key partners to ensure that commissioned services are meeting the needs of communities
Baby Friendly Initiative	Specialist Public health to continue to commission Baby Friendly Initiative for children's centre services	To improve co-ordination of services and joint working, Baby Friendly Initiative for children's services should be incorporated into health visitor service specification

Breastfeeding support	Specialist breastfeeding support service run groups in Northampton, Wellingborough and Corby	To review existing provision to ensure there is consistent service based on need To expand the specialist breastfeeding support service to provide a greater level of specialist support to breastfeeding mothers To integrate specialist breastfeeding service within the health visiting service so that the Provider can develop the service to meet the needs of the local population To work with children's centre services to ensure that any new breastfeeding groups meet with Baby Friendly Initiative standards
Peer support programmes are advocated by leading authorities and research	None	To commission accredited peer support
To be better informed by utilising service user feedback	Some service user feedback is gathered but not shared between services	To explore opportunities to systematically listen to the views of mothers

RECOMMENDATIONS FOR NEEDS ASSESSMENT WORK

In order to change behaviour in target groups we need to understand populations fully. Therefore, further segmentation analyses at a LSOA or postcode level (subject to ISA) could be developed.

Further analysis of GP data and variation between practices including socio-economic and demographic differences in practice populations could also be undertaken. Both of these initiatives would enable us to understand the different target populations for social marketing purposes.

10. KEY CONTACTS

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11. REFERENCES

Northamptonshire Analysis (NA)

https://www.northamptonshireanalysis.co.uk/resource/view?resourceId=1466

Public Health England (PHE)

http://www.phoutcomes.info/

National Institute for Health and Care Excellence (NICE)

https://www.nice.org.uk/guidance/ph11
https://www.nice.org.uk/guidance/cg37/evidence/full-guideline-485782237
https://www.nice.org.uk/guidance/ph11/evidence/economic-report-modelling-the-cost-effectiveness-of-breast-feeding-369849855

National Health Service (NHS)

http://www.breastfeeding.see.nhs.uk/title/for-your-baby-44
http://www.breastfeeding.see.nhs.uk/title/for-you!-45
https://www.england.nhs.uk/wp-content/uploads/2013/11/dc-ass-frmwrk.pdf

National Center for Biotechnology Information (NCBI)

http://www.ncbi.nlm.nih.gov/pubmed/19854119
http://www.ncbi.nlm.nih.gov/pubmed/23109090
http://www.ncbi.nlm.nih.gov/pubmed/11111103
http://www.ncbi.nlm.nih.gov/pubmed/16926214
http://www.ncbi.nlm.nih.gov/pubmed/25712127

United Nations Childrens Emergency Fund (UNICEF)

http://www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf
http://www.unicef.org.uk/babyfriendly/

Researchgate

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