

DARLINGTON: A BREASTFEEDING FRIENDLY TOWN

FOREWORD

On behalf of the Scrutiny Committee, I would firstly like to thank the Centre for Public Scrutiny (CfPS) for selecting our review as one of its Year 1 action learning projects. We have learned a lot from this unique opportunity to undertake a major review as part of the Committee's relatively new health scrutiny powers. We will use these lessons to benefit future scrutiny reviews.



Throughout this Review, we have built on our existing working relationships with health colleagues and have developed new ones across the public, private community and voluntary sectors. What is particularly apparent is the genuine willingness and commitment of our partners in Darlington to address the barriers to breastfeeding locally.

I would also like to thank all those who took part in consultations and focus groups, but especially the nursing mothers who were co-opted onto the Review Group and provided us with a wealth of information and anecdotal evidence.

The recommendations of the Group are wide ranging and include the following key recommendations:

- the need for strategic co-ordination and leadership on this issue to come from the Local Strategic Partnership through the Health Improvement and Social Inclusion Themed Group;
- the development of a Borough-wide Breastfeeding Strategy; and
- the introduction of a recognised local Breastfeeding Friendly Accreditation Scheme.

I recommend this report to you, which contains a number of opportunities for change in supporting mothers who wish to breastfeed and ways to make Darlington a more 'Breastfeeding Friendly Town'.

A handwritten signature in black ink that reads "M Swift". The signature is written in a cursive, slightly stylized font.

Councillor Mrs. Marian Swift
Chair of Darlington Borough Council's Social Affairs and Health Scrutiny Committee

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1. INTRODUCTION

In November 2003, the Centre for Public Scrutiny (CfPS) was awarded £2.25 million from the Department of Health to run a three-year support programme to assist Councillors in their new powers to scrutinise health.

As part of this programme, all local authorities were invited to bid for funding to undertake an innovative action learning scrutiny project. It was envisaged that these projects would not only make recommendations to improve the health of local people, but would also develop health scrutiny locally and test and evaluate the scrutiny process in order to share the lessons learned with other local authorities and health partners.

Darlington's Social Affairs and Health Scrutiny Committee was one of nine authorities in the Country, and the only one in the region, to be successful in its bid to undertake its review entitled 'Darlington: A Breastfeeding Friendly Town'.

The issue of low breastfeeding uptake and continuation rates in Darlington was originally brought to Members' attention in mid 2003, following a presentation from the Strategic Manager of Sure Start. This presentation outlined the results of a project commissioned by the Department of Health to explore the needs of disadvantaged women in relation to breastfeeding within Sure Start areas.

Further investigation by Members into the Council's own facilities and policies for service users and nursing mothers returning to work highlighted inadequate provisions within the Local Authority and provided a basis to bid to the CfPS to undertake a more detailed and wide ranging review on this issue.

This report outlines the process of the Review and its findings; identifies some areas of good practice; and makes recommendations, to increase the uptake and continuation of breastfeeding in Darlington. It also details the lessons learned by the Group throughout the process, which will be used to improve future scrutiny reviews in Darlington.

2. MEMBERSHIP AND TERMS OF REFERENCE

To examine this crosscutting issue, a Steering Group was established to lead and guide the project comprising the following representatives: -

- Councillor Mrs. Marian Swift (Chair)
- Councillor Veronica Copeland
- Councillor Ian Haszeldine
- Councillor Dr. Glen Reynolds
- Nonnie Crawford, Director of Public Health, Darlington Primary Care Trust (PCT)
- Neville Simpson, Customer Care and Support Services Manager, Adult Social Services, Community Services Department, Darlington Borough Council
- David Plews, Policy Advisor (Social Inclusion), Chief Executive's Office, Darlington Borough Council
- Caroline Thomas, Democratic Support Officer, Corporate Services Department, Darlington Borough Council

The Group would like to acknowledge the expertise, support and assistance provided by numerous people across the public, private, community and voluntary sectors throughout the Review and thanks all those who contributed to the Review. A list of the wider reference group is attached at **Appendix 1**.

In broad terms, the Review aimed to identify and address the barriers to breastfeeding and make recommendations to improve the uptake and continuation of breastfeeding in Darlington. It also sought to learn from the process and add value to and improve the health scrutiny function in Darlington. The terms of reference for the Review are set out below: -

Health Inequalities/Services	Health Scrutiny Function
<p>To improve the take-up and continuation of breastfeeding through recommendations aimed at: -</p> <ul style="list-style-type: none"> ▪ Raising awareness of the issue throughout the community; ▪ Promoting the health benefits of breastfeeding to mother and baby; ▪ Changing attitudes towards breastfeeding; ▪ Developing a consistency of approach across the professional agencies; ▪ Introducing an accreditation scheme for local cafes, shops and public buildings to promote breastfeeding; ▪ Influencing the planning of new building developments within Darlington's town centre; and ▪ Providing a comprehensive list of establishments that are 'breastfeeding friendly'. 	<p>To add value to Darlington's Health Scrutiny function through: -</p> <ul style="list-style-type: none"> ▪ Engaging and involving the community at an early stage; ▪ Increasing public awareness and the profile of the scrutiny process; ▪ Providing access to appropriate information; ▪ Developing a holistic approach with regard to partnership working; ▪ Facilitating the identification of gaps in provision and action to reduce health inequalities and improve services; ▪ Involving the business community through links with the Town Centre Forum/local shops and cafes and the Local Strategic Partnership to enlist support; and ▪ Developing and sharing best practice.

3. METHODOLOGY

The Review Group met 21 times between its initial local investigations in October 2003 and the conclusion of its more detailed research project in October 2005 with evidence being gathered from a range of sources. The Review was undertaken through 6 stages as follows: -

Stage 1 – Preparation and Scoping of Subject Area

Stage 2 – Bid to CfPS for funding and approval of the project

Stage 3 – Scrutiny of Subject Area

- A number of breastfeeding mothers were co-opted onto the Review Group in its early stages to share their views and experiences. They also undertook a mystery shopping exercise to identify best practice establishments for breastfeeding in Darlington.

- The Scrutiny Committee presented its project to the Board of Darlington's Local Strategic Partnership to enlist the support of all partners.
- Consultants Meridienpure were appointed to facilitate focus groups, consultation groups and evaluate the project.
- Meridienpure completed 26 face-to-face consultations with partners and facilitated Focus Groups targeted at the following participants: -
 - Community Groups
 - Men's Group
 - Teenage Mothers
 - Young People
 - Antenatal Women
 - Health Professionals
- A leaflet was developed by the Review Group and sent with a covering letter to over 2000 potentially interested groups and organisations, outlining the low breastfeeding rates in Darlington and welcoming participation in the Review.
- A conference was also hosted by the Scrutiny Committee to coincide with National Breastfeeding Awareness Week, which attracted over 100 delegates to listen to national speakers and participate in one of eight workshops. This provided a positive opportunity for partners to meet collectively and discuss the issues faced in meeting the strategic objectives of increasing awareness and breastfeeding rates in Darlington.
- An awareness raising event with children's entertainment was also held in the Market Square and attracted passers by to stalls run by organisations which included, the National Childbirth Trust (NCT), Sure Start, Ecoboo Ltd. and Newcastle Building Society.
- Meridienpure developed an Employer Survey and the Review Group sent these to 700 employers by mail shot using contacts provided by Darlington's Town Centre Management and the Chamber of Commerce.
- 550 community and voluntary sector groups were also targeted through inclusion of a survey in the Council for Voluntary Service (CVS) monthly publication.

Stage 4 – Testing the Issues Raised

- As a result of the findings from Stage 3 of the Review, formal interviews were held with Senior Council Officers and NHS representatives to discuss some of the issues raised in more detail.

Stage 5 – Analysis of Findings and Evaluation

Stage 6 – Production of Final Report and Recommendations

4. COSTS OF REVIEW

The following table details the costs incurred throughout the Review.

Consultancy Work	£12,000
Conference Expenses	£4,500
Market Square Event	£600
Travel	£700
Graphics, Printing and Postage	£3,000
TOTAL	20,800

5. BACKGROUND RESEARCH

5.1 Health Benefits of Breastfeeding

The World Health Organisation recommends “infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health”.¹ Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants and evidence shows that it has both short and long-term health benefits for both mothers and babies.

Health gains for breastfed babies include lower rates of gastro-intestinal infection,² and chest ear and urine infections³ through the antibodies contained in breast milk. Breastfed babies may also have better mental development; a higher IQ at 2 years of age; and be at a lower risk of cot death or Sudden Infant Death Syndrome;⁴ whilst also being protected from eczema, asthma and childhood diabetes.

Mothers who breastfeed are also at less risk from pre-menopausal breast⁵ and ovarian cancer and are like to have stronger bones later in life. If all mothers breastfed for at least 24 months of their total mothering period, the incidence of breast cancer could be reduced by 25%.⁶ Breastfeeding also helps women to return to their pre-pregnancy weight.

It was estimated that in 1995 in England and Wales the treatment of childhood gastro-enteritis alone cost the NHS £35 million,⁷ which when added to the cost of treating the other ailments highlighted above, amounts to a huge potential for saving across the NHS. If the uptake and continuation rates of breastfeeding could be raised nationally by 5%, then British hospitals could save up to £2.5 million every year.⁸

¹ Global Strategy for Infant and Young Child Feeding, Geneva World Health Assembly, Paragraph 10 (May 2002).

² Howie, P.W. et al, *Protective effect of breastfeeding against infection*, British Medical Journal 300: 11-6, (1990).

³ Marild, S., Jodal, U. & Hanson, L.A., *Breastfeeding and urinary tract infection*, Lancet 336:942 (1990).

⁴ Heinig, M. J. & Dewey, K. G. *Health advantages of breastfeeding for infants: a critical review*. Nutrition Research Reviews (1996).

⁵ Beral V, *Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50,302 women with breast cancer and 96,973 without the disease*, Lancet 360: 187-195 (2002).

⁶ Newcombe, P.A., Storer, B.E. and Longnecker, M.P. *Lactation and a reduced risk of menopausal breast cancer*. New England Journal of Medicine 330: 81-7 (1994).

⁷ Department of Health *Breastfeeding: Good practice guidance to the NHS* (1995).

⁸ Ibid.

5.2 Breastfeeding Rates in the UK and Darlington

The Department of Health has commissioned a national survey of infant feeding every 5 years since 1975, the last of which was undertaken in 2000 and monitored infant feeding practices throughout the United Kingdom.

Breastfeeding, especially the prolonged, exclusive breastfeeding that results in the greatest benefits is far from universally practiced in the UK, with breastfeeding initiation rates being amongst the lowest in Europe. Almost a third of women (29%) in England and Wales never try to breastfeed compared to 2% in Sweden.

71% of babies in the UK were breastfed initially but discontinuation tends to be rapid with only 21% continuing to 6 months.⁹ In Darlington the picture is worse with only 52% of mothers starting to feed and in some areas this drops to just 16% after only 8 weeks.

Research also shows that mothers most likely to initiate breastfeeding are those who had breastfed a previous child; mothers in higher socio-economic groups; in non-manual occupations; who had reached higher educational levels; and were over the age of 30.¹⁰

The importance of breastfeeding has been recognised by the Department of Health which has issued a target for all Primary Care Trusts to increase the initiation of breastfeeding by 2% per annum from April 2003,¹¹ particularly amongst women from deprived groups.

6. BARRIERS TO BREASTFEEDING

The Group has established that the factors affecting the number of women who choose to breastfeed include: -

- the attitudes of society towards breastfeeding
- the availability of support mechanisms
- consistency of messages from professionals
- accessible and comfortable facilities for breastfeeding in the town centre¹²

Each one of these factors is discussed in more detail below.

6.1 Attitudes of Society

Many of those consulted attributed the low breastfeeding initiation rates in the UK to the marketing of formula milk and powder. Groups such as Baby Milk Action suggest that the commercialisation of formula milk and over-emphasis on bottle feeding has resulted in breastfeeding being undervalued and its benefits going largely unrecognised.

Whilst the marketing of formula milk in Africa has attracted much attention, this is less so in the UK. Major formula milk manufacturers spend around £12 million per year on advertising their products to pregnant women and new mothers in the UK, whilst the Department of Health spends in the region of £70,000 per year on promoting and supporting breastfeeding.¹³

⁹ Department of Health *Infant Feeding Survey 2000* Reference 2002/0228 (2002).

¹⁰ Hamlyn, B. et al. *Infant Feeding Survey 2000* Stationery Office (2002).

¹¹ Improvement, Expansion and Reform: NHS Priorities and Planning Framework 2003-2006.

¹² McFadden A., Toole, G., *Breastfeeding: A Fresh Start* South Durham Healthcare NHS Trust October 2002.

¹³ Baby Milk Action *Why the UK baby milk law must be changed* Cambridge: Baby Milk Action 1997.

When media representations of baby feeding were analysed, 170 visual representations of bottle feeding were found but only 1 of breastfeeding.¹⁴ This imbalance of infant feeding promotional strategies has given rise to negative perceptions about breastfeeding and undoubtedly affects a mother's decision to both initiate and continue breastfeeding.

An International Code of Marketing on Breast Milk Substitutes exists which was adopted by the World Health Assembly in 1981 as a "minimum requirement" to protect infant health. This code places marketing restrictions; requirements on labelling; and places 'health warnings' on manufacturers.

The UK signed up to the code in 1981, and since then The United Nations Committee on the Rights of the Child has expressed concern about low breastfeeding rates in the United Kingdom and called on the Government to implement the Code fully. The Campaign for Ethical Marketing¹⁵ identifies numerous breaches of this Code in the UK.

The Baby Milk Action Group feel that the Code is not tough enough, and at one extreme, that formula manufacturers and their products should be regarded by the health services in a similar fashion to tobacco companies. In fact there is national concern about overly aggressive marketing campaigns and the impact of subliminal advertising and this issue was recently debated in the House of Commons.¹⁶

"In hospital or soon afterwards, many mothers receive gift packs that contain samples of complementary foods, breast milk substitutes and follow-on milks, or vouchers. Leaflets for mothers are sometimes found in clinic waiting rooms. Companies often give branded gifts to health workers, ignoring the explicit ban on direct and indirect contact with pregnant women and mothers of infants and young children. Telephone care lines and websites compete with those of the NHS and mother support groups, which are in turn promoted to mothers in leaflets, parenting magazines, direct mail and on product labels. Companies use the same brand name for a range of products. Infant formula is labelled "for use from birth" and one or more follow-on formulas are labelled "for use with older infants".

"Follow-on formula did not exist when the Code was adopted and has been described by the World Health Assembly as "not necessary". Companies can widely advertise follow-on formula in the UK. It serves to promote infant formula with the same brand name and clever packaging, which tends to idealise artificial feeding."

In Darlington the consultations with health professionals identified all of these issues as factors that contribute to the low breastfeeding initiation and continuation rates. Health care providers will have to re-examine their policies if they are to pursue acknowledged good practice and eliminate the mixed messages that result from the marketing activities which are presently impacting on health professionals and parental decision making.

¹⁴ Henderson et al *Content analysis of British media portrayal of bottle-feeding and breastfeeding* British Medical Journal (2000).

¹⁵ See www.babymilkaction.org/pages/campaign.html for details.

¹⁶ Reported in Hansard 26th May 2004.

RECOMMENDATION 1

Formula manufacturers should be distanced from health providers in Darlington through the removal of leaflets, posters and other information sponsored by formula milk manufacturers, irrespective of purpose.

TIMESCALE: Within the financial year 2005/06.

RECOMMENDATION 2

All public sector organisations should build on the policy, guidelines and practice introduced by Sure Start Wave 3, to minimise subliminal messages.

TIMESCALE: Within the financial year 2005/06.

The free availability of formula milk on maternity wards was also seen as a subliminal green light for bottle feeding. The policy on the availability of bottled milk on wards is however, more complex, as there is a duty for the hospital to support all mothers irrespective of their infant feeding decision.

The Review's post natal and young person's focus groups clearly identified information and awareness before and during the antenatal stage as an important priority. In general the view, shared by health professionals and others, was that awareness should begin much earlier, for example, at primary school where mammals breastfeeding should be linked to humans breastfeeding as the norm.

The young person's focus group gauged views at both the beginning and end of the session as to whether young women would choose to breastfeed. By the end of the session 30% had changed their inclination towards bottle feeding as their preferred option, to being more open to suggestion on a method of infant feeding. This shows how just small amounts of experiential discussion and information can influence decision making.

All focus group participants supported the view that information and awareness were key in making infant feeding decisions and that the prevailing messages supporting bottle feeding should at least be matched with images and information on the naturalness and benefits of breastfeeding.

GOOD PRACTICE***North East Breastfeeding Awareness Campaign***

A major breastfeeding campaign was launched on 26th September 2005 across the North East to raise awareness of the benefits of breastfeeding. The TV and radio campaign will run on Tyne Tees TV and on Galaxy Radio until the end of October 2005 and aims to raise awareness of the benefits of breastfeeding. It is supported by organisations across Northumberland, Tyne and Wear, County Durham and Tees Valley and is supported and partly funded by Darlington PCT.

RECOMMENDATION 3

Breastfeeding should be included as one of the key messages for young people as part of the health education and healthy eating aspect of the school curriculum and that the Children's Services Department should lead on this issue in conjunction with its key partners.

TIMESCALE: To be identified through the development of the Darlington Breastfeeding Strategy.

RECOMMENDATION 4

That a commitment to breastfeeding education and awareness raising targeted within communities in areas of low skill and educational attainment be formalised through the inclusion of performance indicators in the Community Strategy Action Plan for the Learning Partnership and Health Improvement and Social Inclusion Group.

TIMESCALE: That a commitment be included in the Action Plan for 2006/07 and further details on delivery be reported back to the Scrutiny Committee in April 2007.

6.2 Support Mechanisms in Health Settings and the Community

There are a number of initiatives focused on supporting and encouraging breastfeeding which already exist in Darlington and implementing best practice in the health care system is an important part of any programme to promote breastfeeding.

In 1991, UNICEF launched the 'Baby Friendly Hospital Initiative', the aim of which was to ensure that all maternity units and hospitals became centres of expertise and support for breastfeeding, through a process of accreditation against UNICEF's 10 steps to successful breastfeeding. Community based health services and Sure Start areas can also be accredited but against slightly different criteria outlined in UNICEF's 7-point plan. A copy of UNICEF's 10-step and 7-point plan is attached at **Appendix 2**.

In many areas, for example Bradford and Derby, where hospitals have been awarded 'Baby Friendly' status, more mothers are breastfeeding and children's health has improved. It is pleasing to report that Sure Start Wave 3 is making good progress towards achieving this accreditation as well as undertaking other initiatives such as a peer support programme.

GOOD PRACTICE

Sure Start Peer Support Programme

Darlington Sure Start has developed a peer support initiative where volunteer Sure Start mothers attend a detailed 12-week programme of development to enable them to offer support to other mums through mentoring and engaging with a wider support network. The first group of mums are in the process of successfully completing this recognised qualification.

GOOD PRACTICE

Free Nursing Bras

Nursing mothers can also make the most of a special offer thanks to Sadie the Bra Lady who is offering free bra fittings, while the PCT is providing Sure Start mothers with free nursing bras.

Across County Durham and Tees Valley the following maternity units have achieved a certificate of commitment or full accreditation against the UNICEF UK Baby Friendly Initiative¹⁷: -

- James Cook University Hospital, Middlesbrough – Full Accreditation
- University Hospital of North Tees – Full Accreditation
- Guisborough Maternity Unit – Full Accreditation
- University Hospital of Hartlepool – Certificate of Commitment

There was however, no information listed for Darlington Memorial Hospital. The Review Group has been made aware that County Durham and Darlington Acute Hospitals NHS Trust (the Acute Trust) is not applying to achieve ‘Baby Friendly’ status at present for practical and resource based reasons.

RECOMMENDATION 5

That the Acute Trust build on its work towards the UNICEF principles and seek a Certificate of Commitment to achieving ‘Baby Friendly Hospital’ status in the short term.

TIMESCALE: That a report on the Trust’s proposed timetable for achieving this Commitment be brought to the Scrutiny Committee at the earliest possible opportunity.

GOOD PRACTICE

The Acute Trust Breastfeeding Support Group

County Durham and Darlington Acute Hospitals NHS Trust runs a well supported breastfeeding friendly support group for new mothers held at the Memorial Hospital and in addition to this the Maternity Service Liaison Committee, chaired by the National Childbirth Trust (NCT) Breastfeeding Advisor, ensures that ‘mums’ drive the Trust’s maternity provision.

RECOMMENDATION 6

The Peer Support Programme offers an important additional resource in raising the breastfeeding uptake and continuation rates and all agencies involved in peer support should develop and extend these programmes as part of the ante and postnatal professional support package for mothers.

TIMESCALE: To be identified through the development of the Darlington Breastfeeding Strategy.

6.3 Consistency of Messages

Throughout the consultations and evidence gathering, concerns over mixed and inconsistent messages from health professionals were apparent, with personal preferences and the approach of individual practitioners in the day-to-day delivery of support having a strong influence on the messages provided. Feedback identified that this was particularly an issue within local GP practices where some were well known as being supportive of breastfeeding, whilst others did not offer the same support.

The Acute Trust also picked up on similar concerns raised from the Maternity Service Liaison Committee that there was a prevalence of conflicting advice from health professionals on feeding and has sought to address this problem.

¹⁷ www.babyfriendly.org.uk/htables/all_hopitals_acc_status.asp (October, 2005)

GOOD PRACTICE

County Durham and Darlington Acute Hospitals NHS Trust Dedicated Breastfeeding Midwife

Following the complaints of mixed messages being received from health professionals, the Trust has designated one midwife to lead on breastfeeding and the development of a focused package of training for midwives to improve message consistency.

RECOMMENDATION 7

That the findings of the Acute Trust's Review on the effectiveness of the dedicated midwife post be considered by the Council's Social Affairs and Health Scrutiny Committee prior to any decision to discontinue this post.

TIMESCALE: Dependent on the outcomes of the Acute Trust's Review.

Midwives take women through their pregnancy and officially to one month after birth, whilst Health Visitors are technically responsible for postnatal women from 10 days after the baby is born. The relationship and processes between these health professionals appear to be very informal and may not provide an effective framework for providing consistency, especially during their cross over period between 10 and 28 days, which is when a significant number of women give up breastfeeding.

The level and frequency of support from health professionals differs for those within and outside of the Sure Start target areas. This visible variance in support and consistency of message is directly linked to the targeted resource and policy attention within the Sure Start areas, which enables a ratio of midwife to antenatal female which is 6 times higher than a Darlington midwife working outside the Sure Start areas.

Although these resources reflect a recognition that families and mothers are more likely to have a complex requirement of support needs within these priority Wards, the young women's focus group highlighted issues around support specifically for groups of young mothers, who often felt alienated from the experiences of the older mothers and unable to fully benefit from a 'general' support group.

The Review Group recognises the excellent support provided in Sure Start areas but feels that all mothers who need extra support for breastfeeding should be able to access it regardless of where they live in the Borough.

RECOMMENDATION 8

There is an ongoing need for all health professionals to address the issue of service equity so that the availability of breastfeeding support is accessible to all mothers regardless of which part of Darlington they live in.

TIMESCALE: Ongoing and to be addressed through the development of the Darlington Breastfeeding Strategy.

As well as the positive initiatives highlighted above, a number of consultees felt that the message about the importance of breastfeeding had suffered 'overkill' and was sometimes delivered in ways, which rather than persuade, had alienated expectant mothers. This indicates a need for health professionals to consider not only the messages being delivered, but also the way the message is communicated.

The Group also noted inconsistencies in the application of definitions used to calculate breastfeeding statistics. Department of Health guidance states that: “The mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mothers breast milk.”

All Hospital Trusts delivering maternity services are told to collect the following items of data for all women giving birth under their care so that breastfeeding initiation can be monitored. The information on initiation is recorded either by the midwife or paediatrician.

1. Did the mother put her baby to the breast or was the baby given any of the mother’s breast milk within an hour of delivery? (Yes / No / Don’t Know)

If answer to question 1 was ‘No’ or ‘Don’t know’ ask question 2 when mother is transferred into the community.

2. Did the mother put her baby to the breast or was any of the mother’s breast milk given within 48 hours of delivery? (Yes / No / Don’t know)

For the Sure Start Wave 3 area the data collection method is more sophisticated with data collected at birth, 48 hours, 14 days, 8 weeks and 4-6 months. Many people interviewed felt that there was a lack of clarity and consistency over the application of the definition of ‘initiation’ and despite the guidance, a number of informed professionals clearly had different views on the actual definition of initiation.

RECOMMENDATION 9

Agencies responsible for recording these breastfeeding statistics need to develop clarity of definition and consistency and accuracy in collection of data in order to establish baseline information, without which it will be difficult to accurately record any progress in increasing the uptake and continuation of breastfeeding rates in Darlington.

TIMESCALE: That initial discussions across agencies take place by April 2006.

6.4 Support Mechanisms in the Workplace

The Review’s consultations highlighted the importance of support not only from family and health professionals but also from employers in assisting nursing mothers to return to work.

In 1990 the World Health Organisation and UNICEF adopted the ‘Innocenti declaration on the protection, promotion and support of breastfeeding.’¹⁸ This was a global initiative that recognised the benefits of breastfeeding and aimed to address some of the obstacles faced by breastfeeding mothers. The UK Government was one of the 30 signatories that supported the declaration, which set out a number of operational goals for governments to work towards. This included, enacting imaginative legislation protecting the breastfeeding rights of working women and an established means for its enforcement.

Existing UK law does provide women workers with some protection whilst breastfeeding and this is covered through the following three main pieces of legislation: -

- Management of Health and Safety at Work Regulations 1999

¹⁸ World Health Organisation, Geneva (1989).

- Workplace (Health, Safety and Welfare) Regulations 1992 and European Union Pregnant Workers Directive
- Sex Discrimination Act 1975

This legislation is mostly about facilities for expressing and storing breast milk, rather than the needs of the breastfeeding mother as an employee, which includes the provision of appropriate information about support for breastfeeding; breaks and facilities for breastfeeding or expressing milk; and flexible working hours.¹⁹

Supporting employees who want to combine work and breastfeeding not only complies with law but also makes business sense through the following benefits²⁰: -

- Lower Absenteeism – Most mothers of young babies have to take time off work to look after babies when they fall ill. One study found that mothers of formula fed babies took three times more one-day absences to care for a sick baby than breastfeeding mothers.²¹
- Improved Staff Retention – A breastfeeding employee is more likely to return to her job after maternity leave if she knows she will come back to a supportive environment, thus avoiding loss of skills and incurring recruitment costs.
- Increased Morale and Loyalty – Many women experience feelings of guilt when leaving a young baby to return to work. Continuing to breastfeed helps to overcome these feelings and is a simple way to increase morale, job satisfaction and loyalty to the organisation.
- Family Friendly Reputation – Being known as a family friendly employer is good for corporate relations and recruitment. Support for breastfeeding is crucial to enable women to combine work and family and is therefore a key part of an Equal Opportunities Strategy.

Investigation into policies of the Council and its NHS partners reiterated the results of the employers' survey, that very few organisations had a breastfeeding element within their HR policies at the time of questioning,²² with the notable exception of Sure Start Wave 3.

Most organisations, however, saw their staff policies as being family friendly with the flexibility to respond to individual circumstances as required. Although this flexibility is welcomed, the Group was concerned as to the reliance on the discretion of line managers to negotiate and authorise individual arrangements, which could lead to unfairness and inequality of response in the workplace. The transcript of an interview with one breastfeeding mother who had experienced difficulties in choosing to breastfeed and return to work is attached at **Appendix 3**.

GOOD PRACTICE

County Durham and Darlington Acute Hospitals NHS Trust Breastfeeding Policy and Guidance for Managers

The Acute Trust had developed a policy specifically for nursing mothers returning to work, which will advise and guide managers on how to support breastfeeding staff.

¹⁹ Birmingham City Council *Children's Nutrition – Mothers Who Wish to Breastfeed* February 2003.

²⁰ Maternity Alliance *Breastfeeding and Work: The employer's guide to law and good practice* June 2003.

²¹ Cohen R et al *Comparison of Maternal Absenteeism and Infant Illness Rates among Breastfeeding and Formula Feeding Women in Two Corporations* American Journal of Health Promotion 10: 148 -153 (1995).

²² Meeting of Review Group and NHS Trust Representatives on 15th August 2005.

RECOMMENDATION 10

That the issue of breastfeeding be addressed more proactively in the workplace by all partners and formalised through dissemination of information to employees on the opportunities to breastfeed or express milk on returning to work and that individual issues be discussed further through return to work interviews with staff. The public sector should lead by example.

TIMESCALE: To be identified through the development of the Darlington Breastfeeding Strategy.

Sure Start has expressed a willingness to share its policies and practices to assist other partners, especially where the additional work to include specific breastfeeding elements to policies appears to be a low priority within busy HR departments.

The writing of the policy in itself is insufficient without the appropriate environment/facilities and a commitment to delivery. This issue will be discussed further below in relation to the provision of facilities in the Town Centre.

RECOMMENDATION 11

Develop a rolling out programme and resourcing strategy to deliver the one-hour training package delivered by the Acute Trust and Sure Start to all relevant managers across public sector and community and voluntary organisations in order to raise awareness of this issue within the workplace.

TIMESCALE: To be identified through the development of the Darlington Breastfeeding Strategy.

From the 700 surveys on employers' attitudes to breastfeeding, sent to private and public sector employers, and the 550 surveys sent to community and voluntary sector groups, the Review Group only received a response rate of 5% and 9% respectively. This low response rate indicates that businesses do not perceive benefits from addressing breastfeeding issues. This was confirmed, as despite efforts to engage the private sector through the support of Darlington's Local Strategic Partnership and its eight private sector members; outlining the business case for supporting breastfeeding to Town Centre businesses; and further targeting specific companies to engage in discussions and develop HR policy and best practice, it is disappointing to report that only 4 responses were received. Also no private sector organisations attended the open meeting held on 15th September 2005.

The Group has acknowledged that this was a first attempt to engage more widely across all the sectors, which has in itself been a challenge, and recognises that the topic of breastfeeding is not one seen directly as relevant to business operation by most organisations. A copy of the employer survey can be found at **Appendix 4**.

The Group has noted that the British Heart Foundation has introduced a Workplace Health Programme, which is a two-year programme that will investigate how to make England's workplaces healthier. This is being piloted through nine research projects, one of which is being run by Darlington PCT and the Group considers that breastfeeding needs to be addressed within this wider agenda.

RECOMMENDATION 12

That the issue of breastfeeding in Darlington be integrated into the Workplace Health Pilot Programme either directly or indirectly through the various programme themes.

TIMESCALE: To be incorporated within Year 1 of the Pilot Programme and that a progress report be brought to the Social Affairs and Health Scrutiny Committee in October 2006.

6.5 Facilities in the Town Centre

All breastfeeding mothers that the Review Group spoke to throughout the scrutiny process had experienced problems in finding somewhere to feed in public. The main issue for many was the attitudes and response of others to breastfeeding in public, while many also expressed concerns about the lack of appropriate and hygienic facilities available for feeding a baby.

One Breastfeeding Mother Said...

“I think the only thing is for there to be more places out and about that you can use, comfortable places. Because if you’ve got a new baby...you’ve still got to go out and do your day to day things and when a baby wants feeding, it wants feeding.”²³

Mothers reported that quite often they had to use toilets and that most ‘mother and baby’ rooms were geared towards bottle feeding mums or just offered nappy changing facilities. Signage to mother and baby rooms were also criticised because they tended to display a milk bottle rather than a baby being breastfed.²⁴

The evidence of resources and breastfeeding friendly practices is generally obtained through word of mouth in Darlington and the Group’s discussions with nursing mothers and other focus group participants have provided details of public places, businesses and organisations that are seen as ‘breastfeeding friendly’ through the facilities they provide and the approach they take.

Mothers requested an up to date directory of establishments that were supportive and provided good facilities for mothers to breastfeed, either in public or in private, that could be distributed to antenatal mothers and other members of the public.

The Review Group developed a questionnaire for distribution to the breastfeeding support groups at both Darlington Memorial Hospital and Sure Start, whereby, mothers undertook a mystery shopping exercise, to identify best practice establishments, which they felt, were ‘breastfeeding friendly’.

GOOD PRACTICE

One Example of Good Facilities...

“A ramp to get down to the lower level of shop and plenty of space between chairs and tables...also nice environment with lower tables and sofas available. Was made to feel very welcome feeding my baby...would use again – best so far. Cake is also very nice!”²⁵

²³ McFadden A., Toole, G., *Breastfeeding: A Fresh Start* South Durham Healthcare NHS Trust October 2002.

²⁴ Meeting of Review Group and Nursing Mothers on 30th October, 2004.

²⁵ Visit to Café Gulp by Nursing Mother on 26th October, 2004.

An award scheme where accreditation is provided against quality standards was also discussed and the Hull Breastfeeding Friendly Award Scheme was continually highlighted as an example of best practice throughout the Review.

GOOD PRACTICE

Hull Breastfeeding Friendly Award Scheme

The Hull and East Riding Primary Care Trusts' Specialist Health Promotion Service has developed a Breastfeeding Friendly Award Scheme which aims to recognise public premises that are 'breastfeeding friendly' through their commitment to promote, protect and support parents' choice to breastfeed when out and about locally.

In order to join the scheme and gain the award, establishments must undergo a set of tasks including an initial assessment; development of a breastfeeding policy and procedure for dealing with complaints; and the provision of basic training to support staff in implementing the policies. Successful establishments are awarded a certificate; a sticker to display in their window, which is presented at an event with local press coverage; and are then added to a list of breastfeeding friendly premises.

The employer survey also sought to establish the level of interest of participation in an awards scheme for breastfeeding friendly establishments and the prospect of appearing in a list of 'breastfeeding friendly' establishments. Although, the level of response to the questionnaire was somewhat disappointing, it was encouraging that of the 35 respondents who commented:

- 35 stated they would participate in the scheme (2 organisations qualified this by saying they would however, need more detail and a further 2 would participate but only if there were clear business benefits for joining the scheme).
- 17 stated that they would participate in a listing of 'breastfeeding friendly' establishments.
- 16 said that they would display an Award sticker.
- 10 would appear at an annual gala/awards evening.
- 14 would allow their organisation to be used to publicise the scheme.

The Group considered the survey to have had a positive outcome and that responses were, in general, optimistic, as it was evident that many of the respondents already considered themselves to be 'family friendly' and flexible in attitude and approach.

It was noted from the community and voluntary sector responses that these groups were willing to aid and participate where possible, but given their capacity were lacking space in some cases to provide appropriate facilities and although some organisations would be happy to deal with 'in-house' situations, would not welcome public access to their premises for women wishing to breastfeed.

Health professionals expressed the view that it is not always about needing to spend money to provide resources for breastfeeding and that the willingness to take a fresh look at facilities and make adjustments is equally important.

GOOD PRACTICE

Crown Street Library & Cornmill Shopping Centre

A section of the children's library has been developed to include a crèche facility and parent friendly books/magazines. In addition to this, library staff and Cornmill Centre security staff have also undertaken the one-hour training package delivered by the Acute Trust and Sure Start on the needs of breastfeeding mothers.

RECOMMENDATION 13

Following an audit of all Darlington Borough Council buildings, appropriate action plans be developed to ensure that a consistent standard of facilities for breastfeeding women is provided, based on a recognised checklist.

TIMESCALE: Within the financial year 2005/06.

A number of consultees felt that a 'breastfeeding friendly' listing was not purely associated with breastfeeding but was complementary to a 'family friendly' environment. Based on the responses of the employer survey, attached at **Appendix 5** is a list of self assessed 'family friendly' establishments that could be used in the development of a breastfeeding friendly accreditation scheme for Darlington. It is however, important to state that this list is based on the self-assessment of the organisations questioned and would be subject to a formal assessment and verification process prior to being awarded 'breastfeeding friendly' status under any accreditation scheme.

A potential resource for helping to deliver an accreditation scheme is available through the women developing as peer supporters and focus groups. Health staff working directly with ante and post natal women also observed that from their experience a number of nursing mothers would be interested in being part of the scheme, in both assessing facilities, and in doing mystery shopper checks to ensure the quality of the scheme is maintained.

The consensus of opinion was that once momentum starts with a number of venues and businesses getting on board and receiving the benefits of publicity and customer support the pace of progress would increase.

Throughout the period of this review a number of public buildings have taken steps to becoming 'breastfeeding friendly'. For example, the new Walk-in Centre opened by Darlington PCT in December 2004 includes dedicated breastfeeding facilities for parents and children, whilst the refurbishment plans for the Dolphin Centre include a designated area in the hub of the building for breastfeeding and other family facilities. In addition to this Crown Street Library and the Cornmill Shopping Centre have also developed a number of initiatives to encourage a 'breastfeeding friendly' environment.

RECOMMENDATION 14

A Breastfeeding Friendly Accreditation Scheme be developed for Darlington, through the Local Strategic Partnership's Health Improvement and Social Inclusion Themed Group, which, based on UNICEF's 7-point plan should also include a framework of support for employers and employees in respect of HR policies and facilities for nursing mothers in returning to work.

TIMESCALE: That a commitment to the development of a Breastfeeding Friendly Accreditation Scheme be included in the Community Strategy Action Plan for 2006/07 and implemented by April 2007.

The Review Group also considers that the planning of future developments in Darlington needs to ensure families and breastfeeding mothers are considered in the design of new buildings. Darlington's Local Plan has included a reference to breastfeeding since 1997 which states that "As well as providing for people with disabilities, the Council also seeks the provision of toilet facilities for the general public and breastfeeding and nappy changing facilities in buildings to which the public will have access, including retail, office and administrative, recreation, leisure and entertainment developments. Whilst such facilities are not a requirement of the Building Regulations, their provision is an important aspect of satisfying the basic needs of the public using such developments".²⁶

RECOMMENDATION 15

That there is much potential to strengthen the breastfeeding facilities aspect of the Council's planning policy and Planning Officers should strengthen the guidelines in this area through the new Local Development Framework.

TIMESCALE: That the provision of breastfeeding facilities be addressed through the revisions to detailed development control policies, which are due to be submitted to the Secretary of State in December 2008.

7. WHAT IS A BREASTFEEDING FRIENDLY TOWN?

The scrutiny process and subsequent consultations has enabled the Group to gather a number of interpretations as to what becoming a 'breastfeeding friendly town' really means. Some people identified with a culture where there was an implicit understanding by all of the normal and natural activity of feeding a baby with breast milk and an assumption and expectation that facilities and attitudes within the Town would practically support a woman choosing this feeding option.

One consultee defined it as...

"Not needing to ask and having the confidence to breastfeed and know support, assistance and discretion will be given if needed".²⁷

The importance of consistent messages on the benefits of breastfeeding combined with the need for ongoing awareness is important. Other partners highlighted the importance to the sustainability of the Town through offering visibly 'family friendly' facilities and the economic position of women in terms of employment and the need for employers to also contribute to a 'breastfeeding friendly town' through their approach and working policies for women with children.

It is evident from the scrutiny process that the factors affecting the uptake and continuation rates of breastfeeding in Darlington and the aspiration to create a 'breastfeeding friendly' town is not just a health objective but linked to a much broader set of social inclusion and partnership outcomes, such as: -

²⁶ Borough of Darlington Local Plan, Chapter 5, Section 5.10, November 1997.

²⁷ Meridienpure *Darlington: A Breastfeeding Friendly Town Evaluation Report*, September 2005.

- Enhancing working conditions for private and public sector
- Furthering the reputation of the public sector as ‘good’ employers
- Increasing use of the Town Centre among Darlington residents
- Raising the profile of the Town positively in the media

8. LEADERSHIP ISSUES

Current trends and practices are embedded in several generations of practitioners and of society as a whole; therefore, a co-ordinated programme across health, education, employment and the wider community is needed to create a real culture shift in attitudes towards breastfeeding.

The need for a clear champion in developing Darlington’s ‘breastfeeding friendly town’ initiative has been acknowledged and the Review Group is of the opinion that this should be located where maximum influence can be exerted at all levels and across all sectors.

Darlington Partnership is well placed as the natural leader, in line with its role and responsibilities, themed approaches to the delivery of the Community Strategy and performance management role to ensure that the wider cross cutting focus is further developed and maintained. The Group is aware of a number of successful Partnership Sub-Groups such as the Tobacco Control and Obesity Groups, which each have a ‘champion’ and suggests that this approach could be used in developing the ‘breastfeeding friendly town’ initiative further.

RECOMMENDATION 16

Darlington Partnership take the strategic lead in the development of a Breastfeeding Strategy for Darlington based on UNICEF’s 7-point plan through its Health Improvement and Social Inclusion Themed Group.

TIMESCALE: That the Strategy be launched by April 2006.

9. RESOURCE IMPLICATIONS

The co-ordination of the various elements required to make Darlington a ‘Breastfeeding Friendly Town’ not only needs a strategic lead but also some dedicated resources, however, the Review Group has found differing opinions as to the extent of the resources needed. The Group therefore recommends that these details should be debated by the partnership agencies in taking the vision of ‘Darlington: A Breastfeeding Friendly Town’ forward.

10. CONCLUSION

The Review has considered existing literature relating to breastfeeding and baseline information on breastfeeding rates in Darlington. Through a series of workshops, focus groups and other consultation exercises, the views of breastfeeding mothers, members of the public, health professionals and the business community have been sought.

From this, a number of key issues have been identified in relation to attitudes of society; support mechanisms in health settings and the community; support mechanisms in the workplace; and facilities in the Town Centre.

Further scrutiny and interviews with appropriate officers has resulted in a number of key recommendations to make Darlington a ‘breastfeeding friendly town’. The key actions relate to the strategic direction and championing of the subject and the production of a Darlington wide

breastfeeding strategy. It is felt that because of its unique roll with the Town, the work should be lead by Darlington Partnership. Additionally to obtain the support of businesses and improve facilities in the Town Centre, it is proposed that a 'breastfeeding friendly' accreditation scheme be established.

11. EVALUATION OF ACTION LEARNING

This project has provided a unique opportunity to undertake the scrutiny process in a different way, as a result of which a number of lessons have been learned and will be used to add value to Darlington's health scrutiny function.

The various methodologies used during the review allowed the Review Group to collate a wide range of evidence. The effectiveness of these methods will be discussed below: -

- **Preparation and Scoping of Subject Area** – The initial Task and Finish Review used to research the issue and identify key partners prior to the bid to the CfPS for funding was effective in engaging people and developing relationships prior to undertaking the more detailed scrutiny project.
- **Appointment of Consultants to Facilitate Consultations/Focus Groups** – This approach was made possible by the funding from the CfPS and provided valued expertise in the formulation of workshop objectives, focus group activities and the development of questionnaires. It also encouraged feedback from participants on the scrutiny process itself, which may not have been so openly provided directly to the Group. In future, the Group would appoint the consultants earlier in the process to ensure their involvement from the beginning of the project to improve planning and project management.
- **Project Steering Group** – The Steering Group has met on a monthly basis, which has ensured that selected key individuals drove the project forward. The membership included the Director of Public Health from Darlington PCT, which has enabled closer working relationships to be built and opportunities for further partnership working on issues such as Tobacco Control and Obesity to be identified.

This approach may however, have alienated the wider reference group and feedback suggests that some consultees have felt that no progress was being made with the project, as they have not been involved in every step of the project. The Group has acknowledged that the ongoing work of the Steering Group should have been fed back to the wider reference group more formally. However, all key partners to the Review will be consulted on the final report and recommendations. The Group will also hold a 'Next Steps Briefing' to share the Group's findings and recommendations.

- **Presentation to the Board of the Local Strategic Partnership (LSP)** – This was an effective means of reaching a number of key partners, however, the formal procedures took longer than expected and the Group should have started the process earlier. Support for the project from the LSP and in particular, its Chairman, Alasdair MacConachie OBE, who is also a respected businessman, undoubtedly gave the project a higher profile. However, despite the formal commitment of the Board, a number of key linkages to town centre businesses were missing and it was difficult to engage with the private sector.

- **Mail shot** – The Review Group’s mail shot included an information leaflet on breastfeeding and an invite to the conference and was targeted at specific interest groups, including all public sector organisations and members of the Darlington Assembly. This was effective and generated many enquiries and interest in the project. However, the Group relied on a number of different databases sourced from various organisations, some of which were outdated and inaccurate. The Group received positive feedback on the leaflet produced, although this was not as informative/detailed as planned, due to difficulties in getting external contributions to meet tight deadlines.
- **Awareness Raising Conference** – Partners were helpful in advising of key contacts/organisations and potential conference speakers. They were also keen to be involved on the day and provided needed expertise in facilitating workshops and hosting awareness raising stalls in the Market Square. Each workshop had a one-hour timeslot, which some people felt was beneficial as it allowed more time than usually available to formulate interesting ideas. However, others felt that they should have been able to participate in two shorter workshops to allow more networking with other tables.

Some feedback also suggested that workshop questions were too complex and should have been simplified and that the whole event could have been publicised better, although publicity was extensive including, radio interviews, newspaper coverage, an article in the Town Crier and posters sent to all public buildings and key target groups. The suitability and central nature of the venue and healthy buffet were well received.

The Review Group felt that the conference was a success and attracted a range of different people. It was difficult to find a speaker to address the business case for supporting breastfeeding as some of the speakers approached had prior engagements with it being National Breastfeeding Awareness Week. Many organisations booked a set number of places, so workshop allocation was more difficult, as the names and exact numbers of people attending were not known. The Group also tried to split people up to ensure a mixture of representatives at each workshop, but often people were reluctant to leave their colleagues and all sat together.

To coincide with National Breastfeeding Awareness Week the conference had to be organised during the run up to the General Election, which brought its own challenges in terms of the time commitment involved from the Democratic Services Unit. Similarly, Members’ availability for meetings was also restricted during this time.

- **Employer Survey** – 700 surveys on employers’ attitudes to breastfeeding were sent to private and public sector employers and 550 were sent to community and voluntary sector groups. Again, the Group relied on contacts provided by the Council for Voluntary Service (CVS), Town Centre Management and the Chamber of Commerce, however, due to data protection reasons, a degree of control was lost over exactly who the survey had been distributed to.

The Review Group feels that it has been able to add value to this cross-cutting issue through bringing together a wide range of partners from a very early stage and making strategic recommendations for change. It has raised the profile of health improvement with the Local

Authority and partner agencies and has similarly, resulted in partners developing a greater understanding of the scrutiny process.

In future the Committee hopes to build on the work of this project and have a more collaborative scrutiny process, having formed closer working relationships with partners. Our partners have recognised the value that good scrutiny can bring. The Group has also established a need to link future scrutiny projects to Community Strategy themes to enable a more holistic approach, especially in achieving the cultural shift often necessary in addressing health inequalities.

This project has required a massive time commitment from all those involved, especially members of the Steering Group and it would be unrealistic to attempt something of this scale for every review. However, whilst the funding has assisted with the independent facilitation and evaluation of the project, many elements of the approach and techniques used have been relatively inexpensive and could easily be used successfully in future reviews.

12. RECOMMENDATIONS

As a result of its scrutiny of the barriers to breastfeeding the Review Group has made a number of recommendations, which, once implemented, will increase the uptake and continuation of breastfeeding in Darlington over the coming years. This in turn will undoubtedly enhance the future health and well being of the people in Darlington. The recommendations and relevant agency for implementation are detailed below: -

DARLINGTON PARTNERSHIP'S HEALTH IMPROVEMENT AND SOCIAL INCLUSION THEMED GROUP

RECOMMENDATION 4

That a commitment to breastfeeding education and awareness raising targeted within communities in areas of low skill and educational attainment be formalised through the inclusion of performance indicators in the Community Strategy Action Plan for the Learning Partnership and Health Improvement and Social Inclusion Group.

TIMESCALE: That a commitment be included in the Action Plan for 2006/07 and further details on delivery be reported back to the Scrutiny Committee in April 2007.

RECOMMENDATION 11

Develop a rolling out programme and resourcing strategy to deliver the one-hour training package delivered by the Acute Trust and Sure Start to all relevant managers across public sector and community and voluntary organisations in order to raise awareness of this issue within the workplace.

TIMESCALE: To be identified through the development of the Darlington Breastfeeding Strategy.

RECOMMENDATION 14

A Breastfeeding Friendly Accreditation Scheme be developed for Darlington, through the Local Strategic Partnership's Health Improvement and Social Inclusion Themed Group, which, based on UNICEF's 7-point plan should also include a framework of support for employers and employees in respect of HR policies and facilities for nursing mothers in returning to work.

TIMESCALE: That a commitment to the development of a Breastfeeding Friendly Accreditation Scheme be included in the Community Strategy Action Plan for 2006/07 and implemented by April 2007.

RECOMMENDATION 16

Darlington Partnership take the strategic lead in the development of a Breastfeeding Strategy for Darlington based on UNICEF's 7-point plan through its Health Improvement and Social Inclusion Themed Group.

TIMESCALE: That the Strategy be launched by April 2006.

DARLINGTON BOROUGH COUNCIL

RECOMMENDATION 3

Breastfeeding should be included as one of the key messages for young people as part of the health education and healthy eating aspect of the school curriculum and that the Children's Services Department should lead on this issue in conjunction with its key partners.

TIMESCALE: To be identified through the development of the Darlington Breastfeeding Strategy.

RECOMMENDATION 13

Following an audit of all Darlington Borough Council buildings, appropriate action plans be developed to ensure that a consistent standard of facilities for breastfeeding women is provided, based on a recognised checklist.

TIMESCALE: Within the financial year 2005/06.

RECOMMENDATION 15

That there is much potential to strengthen the breastfeeding facilities aspect of the Council's planning policy and Planning Officers should strengthen the guidelines in this area through the Local Development Framework.

TIMESCALE: That the provision of breastfeeding facilities be addressed through the revisions to detailed development control policies, which are due to be submitted to the Secretary of State in December 2008.

DARLINGTON PCT

RECOMMENDATION 12

That the issue of breastfeeding in Darlington be integrated into the Workplace Health Pilot Programme either directly or indirectly through the various programme themes.

TIMESCALE: To be incorporated within Year 1 of the Pilot Programme and that a progress report be brought to the Social Affairs and Health Scrutiny Committee in October 2006.

ALL HEALTH PROFESSIONALS/AGENCIES

RECOMMENDATION 1

Formula manufacturers should be distanced from health providers in Darlington through the removal of leaflets, posters and other information sponsored by formula milk manufacturers, irrespective of purpose.

TIMESCALE: Within the financial year 2005/06.

RECOMMENDATION 6

The Peer Support Programme offers an important additional resource in raising the breastfeeding uptake and continuation rates and all agencies involved in peer support should develop and extend these programmes as part of the ante and postnatal professional support package for mothers.

TIMESCALE: To be identified through the development of the Darlington Breastfeeding Strategy.

RECOMMENDATION 8

There is an ongoing need for all health professionals to address the issue of service equity so that the availability of breastfeeding support is accessible to all mothers regardless of which part of Darlington they live in.

TIMESCALE: Ongoing and to be addressed through the development of the Darlington Breastfeeding Strategy.

RECOMMENDATION 9

Agencies responsible for recording these breastfeeding statistics need to develop clarity of definition and consistency and accuracy in collection of data in order to establish baseline information, without which it will be difficult to accurately record any progress in increasing the uptake and continuation of breastfeeding rates in Darlington.

TIMESCALE: That initial discussions across agencies take place by April 2006.

COUNTY DURHAM AND DARLINGTON ACUTE HOSPITALS NHS TRUST

RECOMMENDATION 5

That County Durham and Darlington Acute Hospitals NHS Trust build on its work towards the UNICEF principles and seek a Certificate of Commitment to achieving Baby Friendly Hospital Status in the short term.

TIMESCALE: That a report on the Trust's proposed timetable for achieving this Commitment be brought to the Scrutiny Committee at the earliest possible opportunity.

RECOMMENDATION 7

That the findings of the Acute Trust's Review on the effectiveness of the dedicated midwife post be considered by the Council's Social Affairs and Health Scrutiny Committee prior to any decision to discontinue this post.

TIMESCALE: Dependent on the outcomes of the Acute Trust Review.

ALL PUBLIC SECTOR ORGANISATIONS

RECOMMENDATION 2

All public sector organisations should build on the policy, guidelines and practice introduced by Sure Start Wave 3, to minimise subliminal messages.

TIMESCALE: Within the financial year 2005/06.

ALL PARTNERS

RECOMMENDATION 10

That the issue of breastfeeding be addressed more proactively in the workplace and formalised through dissemination of information to employees on the opportunities to breastfeed or express milk on returning to work and that individual issues be discussed further through return to work interviews with staff. The public sector should lead by example.

TIMESCALE: To be identified through the development of the Darlington Breastfeeding Strategy.

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APPENDICES

- Appendix 1 – List of Project Reference Group**
- Appendix 2 – UNICEF 10-Step and 7-Point Plan**
- Appendix 3 – Transcript of Interview with Breastfeeding Employee**
- Appendix 4 – Employer Survey**
- Appendix 5 – List of Self-Assessed ‘Family Friendly’ Establishments**

APPENDIX 1

List of Project Reference Group

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LIST OF PROJECT REFERENCE GROUP

- Clare Adamson, Ecoboo Ltd.
- Irene Addo, Breastfeeding Café Project, Southwark.
- Julie Al-Kherashe, Nursing Mother.
- Frances Arrowsmith, Midwife and Breastfeeding Co-ordinator, County Durham and Darlington Acute Hospitals NHS Trust.
- Richard Alty, Assistant Director of Development and Regeneration, Darlington Borough Council.
- Margaret Asquith, Director of Children's Services, Darlington Borough Council.
- Clare Beadle, Partnership Officer, Darlington Partnership.
- Debbie Beck, Nursing Mother.
- Ruth Bernstein, Head of Libraries and Community Learning, Darlington Borough Council.
- Sonia Biggin, Premises Supervisor, Central House, Darlington Borough Council.
- Rachael Brown, Nursing Mother.
- Lesley Blundell, Head of Human Resources, Darlington Borough Council.
- Lynda Bosanko, Head of Customer Services, Darlington Borough Council.
- Debbie Bunford, Head of Midwifery and Gynaecology, County Durham and Darlington Acute Hospitals NHS Trust
- Isabel Carrick, Health Promotion Specialist, Hull and East Riding Primary Care Trusts Specialist Health Promotion Service
- Gillian Crates, Nursing Mother.
- Lesley Crawford, Director of Mental Health Services for Older People, Learning Disabilities and Children and Adolescent Mental Health Services, County Durham and Darlington Priority Services NHS Trust.
- Paul Davison, Assistant Director of Public Health, Darlington PCT.
- Jeff Dawson, Events Manager, Leisure and Arts, Darlington Borough Council.
- Neil Drew, Operations Manager, Darlington Borough Council.
- Lara France, Nursing Mother.
- Councillor Liz Hart, Former Vice Chair of the Social Affairs and Health Scrutiny Committee, Darlington Borough Council.
- Cathy Harvey, NCT Breastfeeding Counsellor.
- Gwenda Lyn Jones, Economic Regeneration and Tourism Officer, Darlington Borough Council.
- Steve Jones, Head of Communications, Darlington Borough Council.
- Jenny Joyce, Lollipop.
- Ginny Kirk, Midwife, Sure Start.
- Jonathan Jardine, Scrutiny Officer, Coventry City Council.
- Milly Jenkins, Health Policy Officer, Maternity Alliance.
- Kath Lane, Health Visitor, Darlington PCT.
- Ian Laming, Media Consultant, Darlington PCT.
- Alasdair MacConachie, Managing Director, Sherwoods of Darlington.
- Helen McAllister, Darlington Council for Voluntary Service (CVS).
- Councillor Chris McEwan, Cabinet Member with the Portfolio for Children's Services.
- Alison McFadden, Senior Lecturer in Women's Health, University of Teesside.
- Dawn Miller, Nursing Mother.
- Emily Munday, Community Development Worker.
- Pauline Murray, Strategic Manager, Sure Start.
- Mary Newburn, Head of Policy Research, National Childbirth Trust (NCT).
- Linda Oliver, Manager, Health Visitors and School Nurses, Darlington PCT.
- Sandra Pollard, Chair of Darlington PCT.

- Sharon Quincey, Strategic Manager, Kids & Co. Childcare Services
- Peter Richardson, Men's Worker, Sure Start.
- Ian Rodger, Chief Officer, Darlington Council for Voluntary Service (CVS).
- Steve Rose, Chief Executive, Darlington Partnership.
- Jonathan Smith, Head of Health Improvement, Darlington PCT.
- Maggie Swinden, HR Manager (Policy and Strategy), Darlington Borough Council.
- Leanne Summerbell, HR Assistant, Darlington PCT.
- Caroline Taukulis, Principal Economic Regeneration Officer, Darlington Borough Council.
- Louise Toms, Town Centre Manager, Darlington Borough Council.
- Jessica Trottman, Chamber of Commerce Business Club.
- Sally Ward, Nursing Mother.
- Shan Warren, Strategy and Performance Manager, Darlington Borough Council.
- Lucy Wheatley, Children's Services Project Lead, Darlington PCT.
- Karen Williamson, Lead Officer, Darlington Learning Partnership.
- Margaret Young, Darlington Partnership.

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APPENDIX 2

UNICEF Baby Friendly Initiative

The Ten-Step & Seven-Point Plan

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UNICEF UK Baby Friendly Initiative

The Baby Friendly Initiative in the Maternity Services

The Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff in the skills necessary to implement the breastfeeding policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding soon after birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their babies.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in, allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or dummies to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

The Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Care Settings

All providers of community health care should:

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Support mothers to initiate and maintain breastfeeding
5. Encourage exclusive and continued breastfeeding, with appropriately-timed introduction of complementary foods
6. Provide a welcoming atmosphere for breastfeeding families
7. Promote co-operation between healthcare staff, breastfeeding support groups and the local community

Source: UNICEF, 24 May 2005

APPENDIX 3

Transcript of Interview with Breastfeeding Employee

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Transcript of an Interview with a Local Resident of Darlington

This transcript is an edited version of a forty five minute interview.

Interviewer: Were you still working for the company you are working for now?

Sarah: I was, yes.

Interviewer: And who was that, or as much as you can say?

Sarah: It's a very large company...

...I was actually signed off about the last two or three months in my pregnancy, purely and simply because I had an extremely strict supervisor who allowed me exactly five minutes to go to the toilet and one day I was six minutes at the toilet and I got reprimanded.

...I ended up actually getting depression whilst I was pregnant. I was under the impression that you get depression after you have your baby, not before. I was very emotional in the last few months before I had him purely because of all the pressure I had at work. If you can't even get to the toilet when you want to go....so I found that very difficult and I did become very upset and when I went to the doctors he signed me off.

Interviewer: Once you had given birth, how much time did you take off on maternity leave?

Sarah: I would have liked the full six months, but, because I was off sick a few months before I had him my employers then made me, which they are legally entitled to do, they made me take my maternity leave early, so instead of getting the six months I only got the five months.

Interviewer: So when you went back to work, you went back to work after five months, you were still breastfeeding...?

Sarah: ...yes...

Interviewer: ...and presumably you went and asked your employer about breastfeeding policies?

Sarah: I gave them a months notice in writing...and I still had to fight for the room.

Interviewer: So when you went back to work you asked about breastfeeding and you said you wanted to continue breastfeeding and what did they say to you...?

Sarah: "We don't do that."

Interviewer: They don't have a breastfeeding policy?

Sarah: They don't have a breastfeeding policy...basically I was made to feel that I was the only woman ever to have breastfed. They didn't seem to understand what it was and that you have to express or anything like that...

Interviewer: ...And your supervisor was a woman?

Sarah: She was.

Interviewer: ...So you had no leniency on breaks or anything like that?

Sarah: No, not at all. As a matter of fact they made me start my break ten minutes early to add ten minutes to my normal fifteen break so I had twenty five minutes.

Interviewer: When you wanted to express in work, how was that done?

Sarah: I had to go early and collect some keys from security. I had to travel from three separate buildings. I worked in one building, had to go to another building to collect some keys and sign for them. The male security guards wanted to know why I wanted the keys, which was also embarrassing, and then I had to go to a third building to the little room, express the milk, travel back to deliver the keys back and then go back to the building I worked in.

Interviewer: ...All within twenty five minutes?

Sarah: Well actually they expected me to do it in fifteen minutes, but because I said fifteen minutes is not physically long enough, that's why we came to an agreement that I came in ten minutes early.

...There was a fridge in the room, but I preferred to take a little cool box.

Interviewer: I suppose if it's in that room you have to go all the way back to collect it at the end of your shift.....

Sarah: ...I had to drop my son exactly at one o'clock at nursery and get to work for twenty past one which was a push in itself. If I'd have had to go and collect all the milk as well it would have been twenty to six by the time I left work and I had to collect him at six. So I was really pushed for time.

Interviewer: And for how long did this arrangement carry on for?

Sarah: Until I had to give up breastfeeding. When I was due back to go to work they then signed me off for another three weeks because of all the hassle trying to get the room to express.

I actually went to the Citizens Advice Bureau. He said if I worked full time I would have had a better case. He did try to fight for me, but I didn't really get anywhere because I only work for four hours.

My employers then turned around to me and said, "We don't have to give you a break, at all, because you only work four hours"....and my argument is that if I

was a man, instead of having to go in ten minutes early, plus my own personal fifteen minute break, I would get a normal fifteen minute break and I'd be outside reading the newspaper or having a cup of tea.

I found a lump in my breast and went to the doctors and she thought it was the start of mastitis so I got put on antibiotics for that.

Interviewer: ...And all of that impacted on your ability to breastfeed ultimately?

Sarah: It did, yes.

I just felt that I was being penalised for choosing to breastfeed...it was a detriment to me.

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APPENDIX 4

Employer Survey

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Darlington: A Breastfeeding Friendly Town

Darlington Borough Council is undertaking a project on Darlington as a breastfeeding friendly town. We are interested in your views.

Meridien*pure* have been commissioned to carry out this investigation. As part of our investigation we are gathering information from local employers in an attempt to find out what interest and commitment you have in this scheme, including your attitudes to breastfeeding as an employer and your level of interest to participate as we are facilitating the implementation of a listings guide and Award Scheme for breastfeeding friendly establishments.

The survey should be returned to: Darlington Partnership in the return envelope provided by Friday 22nd July. Should you have any queries or would like an informal discussion you can contact a member of the team at Meridien*pure* on 01925 600060 who will be happy to help.

Please answer the following questions circling the appropriate answers and make comments where you feel necessary.

Section 1 You as a Family Friendly Employer

1.1	Do you see yourself as a family friendly employer? (please circle answer)	Yes	No
How would you define this?:			

1.2	What breastfeeding policies do you have in place? (please circle answers)		
	a) Policy for staff returning from maternity leave wishing to breastfeed	Yes	No
	b) Health and Safety policy which covers breastfeeding staff and/or customers	Yes	No
	c) Equality policy which covers breastfeeding staff	Yes	No
	d) Policy for staff training and provision of information regarding breastfeeding	Yes	No
	e) Extra or flexible breaks for staff breastfeeding/expressing	Yes	No
	f) Flexibility in working hours to accommodate staff with young children	Yes	No
Comments on why you do/don't have these policies:			

1.3	What facilities do you have available to staff who are breastfeeding? (please circle answers)		
	a) Creche on premises	Yes	No
	b) Quiet room for staff to breastfeed or express breast milk	Yes	No
	c) Dedicated fridge and hand washing facilities	Yes	No

Comments on why you do/don't have these facilities:

1.4 What would be the barriers to you becoming a breastfeeding friendly employer?

(please circle answers)

a) Wouldn't be good for business	Yes	No
b) Staff cover	Yes	No
c) Time to develop and implement policies	Yes	No
d) Cost	Yes	No
e) Don't think policies/facilities are needed	Yes	No
f) Space on premises	Yes	No
g) Other <i>(please comment)</i>	Yes	No

Please briefly state the reasons for your answers:

Section 2 About You

2.1	Name of Business/Organisation:	
2.2	Address:	
2.3	Contact Telephone Number:	
2.4	Email:	
2.5	Contact person:	

Section 3 Meeting the Breastfeeding Needs of Your Customers

3.1	Are your premises accessible to customers? <i>(please circle answer)</i> <i>If your answer is NO please go to Section 4</i>	Yes	No
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3.2 Do you provide any of the following?

Breastfeeding Facilities: (please circle answers)

a)	An area and/or quiet/private room	Yes	No
b)	Training for staff to be informed, sensitive and welcoming to breastfeeding	Yes	No
c)	Policies covering customers wishing to breastfeed	Yes	No
d)	Allowing and providing customer care for customers wishing to breastfeed	Yes	No

Bottle feeding Facilities: (please circle answers)

a)	An area and/or quiet/private room	Yes	No
b)	Training staff to be informed, sensitive and welcoming to bottle feeding	Yes	No
c)	Policies covering customers wishing to bottle feed	Yes	No
d)	Allowing and providing customer care for customers wishing to bottle feed? e.g. warming/storing milk	Yes	No

Comments on provision:

If *yes* to questions in 3.2, what impact has this had on your business?
(*please circle answers*)

a)	Better customer relations	Yes	No
b)	More customers	Yes	No
c)	Less customers	Yes	No
d)	Increased turnover	Yes	No
e)	Decreased turnover	Yes	No
f)	None	Yes	No
g)	Other (<i>please comment</i>)	Yes	No

Comments:

Section 4 Joining a Breastfeeding Friendly Award Scheme

Would you participate in a scheme? (<i>please tick appropriate box</i>)			
a)	Yes	b)	No
c)	If you knew more (<i>please comment</i>)	d)	If there were clearly business benefits
Comments:			

4.3	Are you in support of Darlington becoming a Breastfeeding Friendly Town? (<i>please circle answer</i>)	Yes	No
If <i>No</i> , why? (<i>please comment</i>)			

4.2	As part of the scheme which of the following options would you participate in?		
a)	Appearing on a Listings of breastfeeding friendly establishments	Yes	No
b)	Displaying an Award Scheme symbol	Yes	No
c)	Appearing at an annual gala/awards evening	Yes	No
d)	Allow your organisation to be used to publicise the scheme	Yes	No

Any additional comments on this questionnaire or the promotion of Darlington as 'breastfeeding friendly':			
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Thank you for your time

APPENDIX 5

List of Self-Assessed Family Friendly Establishments

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**Self-Assessed Family Friendly Establishments Listing
(breastfeeding facilities for customers)**

Establishment		Feeding Area	Changing Area	Bottle Warming	Baby Food	Non Smoking Area	Quality Mark
1	Age Concern						
2	Billy Bunters Coffee House						
3	Café Gulp						
4	Darlington Association on Disability						
5	Darlington Borough Council, Town Hall						
6	Darlington & District Hospice Movement						
7	Denmark Street Surgery						
8	Dolphin Leisure Centre						
9	Firthmoor Community Association						
10	Indoor Market						
11	Kids & Co Childcare Services						
12	Libraries & Community Learning Services						
13	Mowden Infant School						
14	National Schoolware Centre						
15	Pizza Express						
16	Rockliffe Court Surgery						
17	St. Andrew's Church						
18	SureStart Wave 3						
19	SureStart Wave 5						
20	Toyworld/Toymaster						
21	The National Autistic Society						

TO BE FORMALLY ASSESSED THROUGH THE DEVELOPMENT OF AN ACCREDITATION SCHEME FOR DARLINGTON

APPENDIX 6

NHS Trust' Comments on Recommendations

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TO BE INSERTED

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