



Department
of Health &
Social Care



Public Health
England

Early years high impact area 3: Breastfeeding. Health visitors leading the Healthy Child Programme



About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Breastfeeding

Context

Breastfeeding is an important public health priority. **Supporting families to breastfeed** and increasing the number of babies who are breastfed gives babies the best possible start. Breastfeeding improves infant and maternal health and wellbeing in both the short and longer term and research¹ demonstrates:

- exclusive breastfeeding should be recommended for around the first 6 months of life with continued breastfeeding alongside solid foods for at least the first year of life
- improving breastfeeding rates in lower socioeconomic groups and young parents can play an important role in reducing health inequalities
- responsive feeding has benefits for mother and infant, including emotional attachment
- protection against the risk of respiratory infections, gastroenteritis and ear infections in breastfed infants
- improved oral health and reducing tooth decay in breastfed infants
- Reduced risk of Sudden Unexpected Deaths in Infancy in breastfed babies
- breastfeeding can be protective against obesity, particularly in those who are genetically predisposed; breastfeeding for 3 months in the first year of a baby's life reduces the risk of obesity by 13% in later life
- lowered risk of breast cancer in women who breastfeed and some protection against ovarian cancer

In addition to this, mothers who breastfeed benefit from a faster return to pre-pregnancy weight.

¹ Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016) **Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect**. The Lancet Series: Breastfeeding 1. Volume 387, No. 10017, p475–490, 30 January. 8.

Acta Paediatrica (2015) Special Issue: **Impact of Breastfeeding on Maternal and Child Health**, December, Volume 104, Issue Supplement S467, Pages 1–134. 9.

Hansen K (2016) **Breastfeeding: a smart investment in people and in economics**, The Lancet. Volume 387, No. 10017, p416, 30 January.

All this is underpinned by the need to meet the **Marmot recommendations** and **The 1001 Critical Days** to reduce inequalities and give all children the best start in life. Health visitors lead the **Healthy Child Programme: Pregnancy and the first five years of life** (Healthy Child Programme 0-5) and provide leadership at a strategic level to contribute to development and improvement of collaborative approaches to support the promotion of breastfeeding through the local breastfeeding strategy. This includes provision of breastfeeding friendly environments.

Better Births highlights the importance of breastfeeding and support. Good outcomes are seen when midwives and health visitors work together on issues such as breastfeeding. This is supported through the **Maternity Transformation Programme**, where breastfeeding is a priority area in the improving prevention workstream 9. Health visiting services, working with midwives, provide expert information and support to families, developing relationships that enable difficulties to be identified early and help to be offered when needed.

Health visitors' role

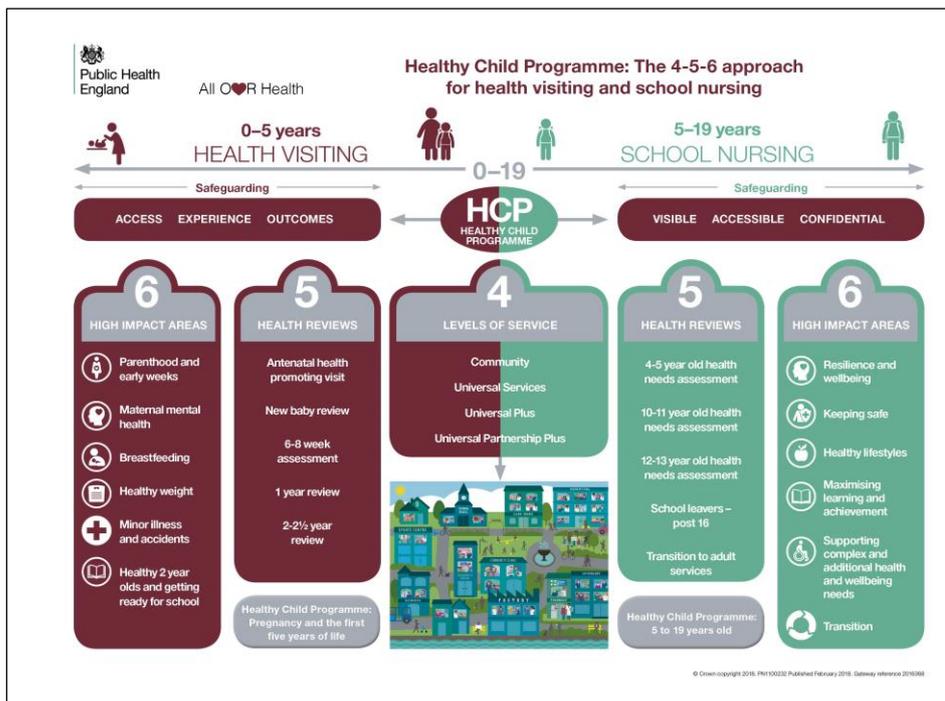
Health visitors as public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with parents and families to support behaviour change, promote health protection and to keep children safe.

Health visitors undertake a holistic assessment in partnership with the family, which builds on their strengths as well as identifying any difficulties, including the parents' capacity to meet their infant's needs and the impact and influence of wider family, community and environmental circumstances. This period is an important opportunity for health promotion, prevention and early intervention approaches to be delivered.

The health visiting service supports parents to identify the most appropriate level of support for their individual needs. Although health visitors provide the leadership, they will need to work with partners to deliver a comprehensive programme of support.

Health visitors have a clear, easily understood, national framework on which local services can build. The health visiting 4-5-6 model sets out four levels of service with increased reach from community action to complex needs, five universal health reviews for all children and the six high impact areas where health visitors have the greatest impact on child and family health and wellbeing (Figure 1).

Figure 1: The 4-5-6 approach for health visiting and school nursing



This high impact area interfaces with the other high impact areas and incorporates health visitors working in partnership with maternity, primary care, GP services, early

years services, troubled families services, children's safeguarding services, mental health services and specialist and voluntary organisations.

Improving health and wellbeing

The high impact areas will focus on interventions at the following levels and will use a place-based approach:

- individual and family
- community
- population

The place-based approach offers new opportunities to help meet the challenges public health and the health and social care system face. This impacts on the whole community and aims to address issues that exist at the community level, such as poor housing, social isolation, poor/fragmented services, or duplication/gaps in service provision. Health visitors, as leaders in public health and the Healthy Child Programme (0-5), are well placed to support families and communities to engage in this approach. They are essential to the leadership and delivery of integrated services for individuals, communities and population to provide **RightCare** that maximises **place-based systems of care**.



Individual and family

Health visitors with additional skills and knowledge in breastfeeding support have been shown to be effective in improving breastfeeding rates (**Tappin et al**, 2006). Health visitors can work closely with midwifery services to provide seamless support and care for pregnant women and mothers, giving them an opportunity to learn about infant feeding, the benefits of breastfeeding and the risks associated with not breastfeeding, and improving initiation and sustained breastfeeding.

Health visitors can provide practical help and advice to mothers on how to breastfeed and help with managing and resolving breastfeeding problems. Both evidence based knowledge and emotional support are required when combined with knowledge of the 'person-in-situation' and a non-judgemental approach. Health visitors are effective in enabling mothers to continue breastfeeding and can support those mothers who are unable or do not wish to continue to breastfeed whilst continuing to promote bonding and secure attachments between mother and infant.

Health visitors are well positioned to support mothers with breastfeeding because of their continuous and active engagement, starting during the antenatal period and continuing through the early weeks and months of parenthood. They can provide individualised advice on breastfeeding, encouraging mothers to breastfeed for as long as possible, including advice on returning to work, and have a key role in delivering, and signposting mothers to, breastfeeding peer support programmes and specialist support

services, as well as promoting the benefits of breastfeeding with fathers and other key family members.

Breastfeeding contributes to the health of both the mother and infant in the short and longer term. Women should be made aware of these benefits and those who choose to breastfeed should be supported by a service that is evidence-based and delivers an externally audited, structured programme.

Where women decide not to breastfeed they should be supported in that decision and provided with individual support as required.



Community

Health visitors can provide practical help and advice to build community capacity to support breastfeeding by working with communities to establish peer support programmes.

Health visitors can work together with professionals including midwives, general practice nurses and key community assets such as peer support and breastfeeding groups. Strong partnership working and developing an understanding of each other's roles and responsibilities will ensure seamless support and transition between services.

Health visitors are ideally placed to lead the implementation of universal and targeted support in socially disadvantaged areas, thus helping to improve breastfeeding rates and therefore reduce inequalities in health. This may include the provision of group sessions, telephone based support for example the [National Breastfeeding Helpline](#), use of social marketing, for example the [Start4Life](#) website, promotion of [Healthy Start](#), and signposting to digital technology, for example the [Breastfeeding Friend](#) which encourages parents to adopt healthy behaviours and is available as an interactive [Facebook Messenger 'chatbot'](#), [Amazon Alexa](#) and [Google Assistant](#).

Health visitors have knowledge of local and national services, for example breastfeeding peer support groups, breastfeeding cafes, and phone apps, for information and advice to support breastfeeding. Health visitors provide support to women to equip them with the knowledge to be able to plan their return to work whilst breastfeeding, and to businesses, shops and public premises within the local authority to enable them to welcome breastfeeding women. Health visitors may also provide education to children and young people about the benefits of breastfeeding.



Population

Health visitors can ensure a whole system approach to promoting breastfeeding by implementing the UNICEF UK Baby Friendly Standards and supporting other settings to become baby friendly, including training for early years staff.

The **Unicef UK Baby Friendly Initiative** is a nationally recognised mark of quality care for babies and mothers. The programme helps to ensure that professionals can provide sensitive and effective care and support for mothers, enabling them to make an informed choice about feeding, get breastfeeding off to a good start and overcome any challenges they may face.

The **staged accreditation programme** trains health professionals to support mothers to breastfeed and help all parents to build a close and loving relationship with their baby irrespective of feeding method.

UK Baby Friendly accreditation is based on a set of interlinking **evidence-based** standards for maternity, health visiting, neonatal and children's centres services. Facilities implement the standards in stages over a number of years. At each stage they are externally assessed by Unicef UK. When all the stages are passed they are accredited as Baby Friendly.

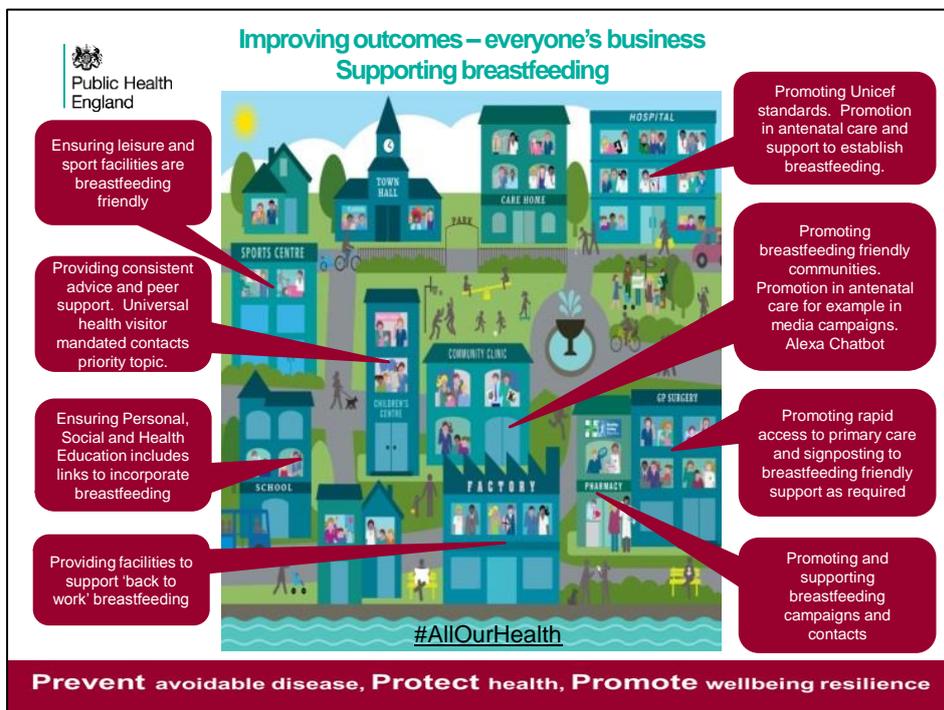
Delivery of breastfeeding support should be co-ordinated across the different sectors. Health visitors act as a strategic interface with key partners including midwives, GPs, general practice nurses and early years services and as partners in a multi-agency approach to this important shared public health outcome.

Collection and provision of local breastfeeding data by health visitors provides a picture of breastfeeding prevalence locally. This information is used to identify areas of particular need and supports the development of targeted multi-agency interventions.

Using evidence to support delivery

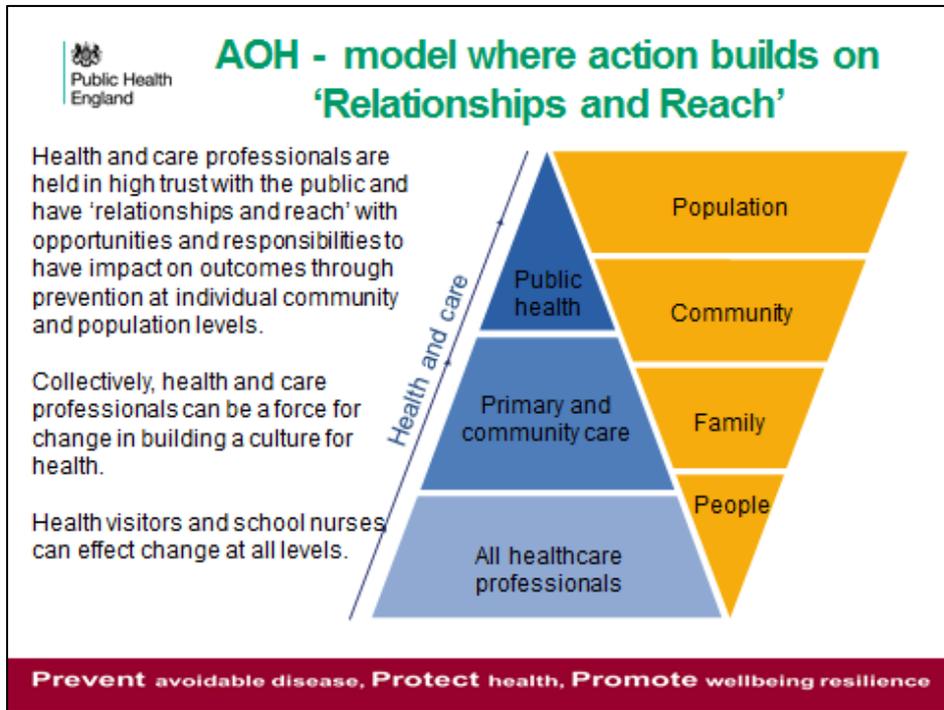
A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin good health. This is illustrated in Figure 2, which uses the **All Our Health** townscape to demonstrate how improving outcomes is everyone’s business, working across both traditional and non-traditional settings such as the workplace, green spaces and community centres.

Figure 2: All Our Health: Community and place-based approach to health and wellbeing



The **All Our Health** framework brings together resources and evidence that will help to support evidence based practice and service delivery; **Making Every Contact Count** and building on the specialist public health skills of health visitors.

Figure 3: All Our Health (AOH) – model where action builds on ‘Relationships and Reach’



Health visitors' contribution to the Healthy Child Programme (0-5), using the 4-5-6 model and incorporating the evidence base through All Our Health, is achieved from individual to population level.

Measures of success/outcome

High quality data, analysis tools and resources are available for all public health professionals to identify the health of the local population. This contributes to the decision making process for the commissioning of services and future plans to improve people's health and reduce inequalities in their area including **Public Health and NHS Outcomes Frameworks for Children** or future **Child Health Outcomes Framework** measure/placeholder, interim proxy measure, measure of access and service experience. Health visitors and wider stakeholders need to demonstrate impact of improved outcomes. This can be achieved using local measures:



Access:

- evidence of up to date, evidence-based, multi-agency infant feeding policies setting out best practice in relation to breastfeeding support, via local commissioner and provider data
- local commissioner and provider data confirms access to infant feeding support, especially at new birth and 6 to 8 week visit



Effective delivery:

- evidence of implementation of evidence-based infant feeding policies setting out best practice in relation to breastfeeding support via local commissioner and provider data
- breastfeeding initiation rates monthly via the **Maternity Services Data Set**



Outcomes:

- breastfeeding prevalence at 6-8 weeks after birth - number of infants who are totally or partially breastfed at 6-8 week review in the **Public Health Outcomes Framework** and **Early Years Profiles**
- increased duration of breastfeeding among those least likely to breastfeed ie those living in areas of deprivation and mothers aged under 20 years, via local commissioner and provider data



User experience:

- feedback from **NHS Friends and Family Test** and from health visitor service user experience on satisfaction with breastfeeding support, via local commissioner and provider data

Other measures can be developed locally and could include measures such as initiatives within health visitors' building community capacity role, such as developing peer support, engaging fathers, joint developments with parent volunteers and early years services and new approaches such as social marketing and breastfeeding friendly cafes.

Connection with other policy areas and interfaces

How does this link to and support wider early years work?

The high impact area documents support delivery of the Healthy Child Programme and 0-5 agenda, and highlight the link with a number of other interconnecting policy areas such as the [Maternity Transformation Programme](#), [childhood obesity](#), [Social Mobility Action Plan](#) and [Speech, Language and Communication](#). The importance of effective outcomes relies on strong partnership working between all partners in health (primary and secondary), local authority including early years services, and voluntary sector.

How will we get there?

Approaches to improving outcomes through collaborative working

- Public Health Outcomes Framework indicator reported and benchmarked by Public Health England and NHS England
- Public Health England Service Specification supports the high impact areas and delivery of the Healthy Child Programme
- information sharing agreements in place across all agencies
- integrated commissioning of services
- demonstrate value for money and Return on Investment

Early years services play a key role in supporting improved outcomes for children and families as part of the integrated planning, delivery, monitoring and reviewing approach. Partnerships can use information from Joint Strategic Needs Assessment (including Early Years Foundation Stage Profile data, health data, information about families, communities and the quality of local services and outcomes from integrated reviews) to identify and respond to agreed joint priorities. Children and Family Centres provide a good focus for co-ordination on this.

Partnership health and wellbeing strategies can prioritise breastfeeding and clarify the roles of health visitors, early years services and Clinical Commissioning Groups.

Improvements

- improved accessibility for vulnerable groups
- integrated IT systems and information sharing across agencies
- development and use of integrated pathways
- systematic collection of service user experience questionnaire to inform action

- increased use of evidence-based interventions and links to other early years performance indicators
- improved partnership working eg maternity, practice nurses, school nursing and early years services
- consistent information for parents and carers
- planning the design and delivery of services together through Local Maternity Systems, Sustainability and Transformation Partnerships and Integrated Care Systems
- appropriate alignment to obesity priority areas/strategies, for example oral health and tooth decay
- achieving and maintaining the [Unicef UK Baby Friendly Initiative](#)

Professional/partnership mobilisation

- multi-agency training and supervision on the benefits of breastfeeding, both for physical and emotional health and social development
- effective delivery of universal prevention and early intervention programmes
- improved understanding of data within the Joint Strategic Needs Assessment and at the local Health and Wellbeing Board to better support integrated working of health visiting services with existing local authority arrangements to provide a holistic, joined up and improved service for young children, parents and families
- identification of skills and competencies to inform integrated working and skill mix
- training and supervision in evidence-based best practice breastfeeding support
- access to specialist lactation consultants
- role of health visitors in supervising peer mentor programmes

Associated tools and guidance

(including pathways)

Information, resources and best practice to support health visitors - breastfeeding

Policy

1001 Critical Days: The Importance of the Conception to Age Two Period: A cross-party manifesto, WAVE Trust, 2014

Annual Report of the Chief Medical Officer 2012: Our Children Deserve Better: Prevention Pays, Department of Health and Social Care, 2013

Delivering better oral health: An evidence based toolkit for prevention, Public Health England, 2014

Early Years Foundation Stage Profile: 2018 handbook, Standards and Testing Agency, 2018

Fair society, healthy lives (The Marmot review), UCL Institute of Health Equity, 2010

Public Health Outcomes Framework 2013 to 2016, Department of Health and Social Care, 2013

Rapid review to update evidence for the Healthy Child Programme 0-5, Public Health England, 2015

Research

Infant feeding: Commissioning toolkit, Public Health England, 2016

New breastfeeding toolkit, The Royal College of Midwives, 2016

Sudden Infant Death Syndrome, NHS Choices, accessed September 2018

Support for healthy breastfeeding mothers with healthy term babies, Renfrew, M.J., McCormick, F.M., Wade, A., Quinn, B., Dowswell, T., *Cochrane Database of Systematic Reviews* 2012, Issue 5

The UK Baby Friendly Initiative, UNICEF, accessed September 2018

The effect of health visitors on breastfeeding in Glasgow, Tappin D., Britten J., Broadfoot M., McInnes R., *International Breastfeeding Journal* 2006; 1:11

Guidance

Breastfeeding help and support, Start4Life, accessed September 2018

Current evidence on breastfeeding and dental health, Public Health England, 2018

Feeding in the first year of life: SACN report, Scientific Advisor Committee on Nutrition, 2018

Health visiting and midwifery partnership: Pregnancy and early weeks, Public Health England, 2015

Healthy Child Programme: Pregnancy and the first five years, Department of Health and Social Care, 2009

Healthy Child Programme 0 to 19: Health visitor and school nurse commissioning, Public Health England, 2016

Information for healthcare and childcare professionals, Start4Life, accessed August 2018

Latest technology supports new mums to breastfeed, Public Health England, 2018

National breastfeeding helpline, accessed September 2018

NHS information service for parents, Start4Life, accessed September 2018

Planning for pregnancy tool, Tommy's, accessed September 2018

NICE Guidance

Division of ankyloglossia (tongue-tie) for breastfeeding, NICE Public Health Guideline [IPG149], 2005

Maternal and child nutrition, NICE Public Health guideline [PH11], 2008

Postnatal care, NICE Quality Standard [QS37], 2015

Postnatal care up to 8 weeks after birth, NICE Clinical GuidelineCG37], 2006

Vitamin D: increasing supplement use among at-risk groups, NICE Public Health guideline [PH56], 2014