



<b>(Agenda Item) 6.1</b>	<b>3<sup>rd</sup> May 2023</b>	<b>Population Health &amp; Partnerships Committee</b>	<b>Breastfeeding in CTMUHB</b>
--------------------------	--------------------------------	---	--------------------------------

<b>Report Details:</b>	
FOI Status:	Open
If closed please indicate reason:	
Prepared By:	Clare Shears
Presented By:	Andrea Bevan. Interim Lead Nurse for SCPHN services
Approving Executive Sponsor:	Director of Strategy & Transformation
Report Purpose	For Discussion/Noting
Engagement undertaken to date:	Nil

<b>Impact Assessment:</b>	
Indicate the Quality / Safety / Patient Experience Implications:	
Related Health and Care Standard	e.g. Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Improving Care



# Breastfeeding

An overview of current position and forward plans

Andrea Bevan. Interim Lead Nurse for SCPHN services



# Current position

- The UNICEF Baby Friendly Initiative (BFI) is globally endorsed by governments (including Welsh Government) and policy documents as a fundamental framework of professional standards for protecting, promoting and supporting breastfeeding.
- BFI is a national and global mark of quality care by setting standards for sustainable improvements, providing training and support to help services implement the standards in addition to assessing progress by regular auditing of staff and parents.
- Health Visiting are BFI accredited and potentially moving towards sustainability
- Midwifery services. POWH and community are BFI accredited and potentially moving towards sustainability.
- Midwifery PCH and RGH accreditation was suspended due to special measures
- NNU POWH – BFI re assessed March 2022, recommendations for stage 3 expected Jan 2023
- NNU PCH -BFI accreditation being undertaken Dec 7<sup>th</sup> and 8<sup>th</sup>
- New BFI standards have been published for hospital based children's services.
- All data available for CTM reflects the position from the health board amalgamation in April 2019.

# Midwifery service-caring for babies 0-28 days



# CTMU HB Data collection

Area Code		Measure		Year																					
Area		Status				Age of baby				Records with valid data				Total											
Area		Exclusive breastfeeding				Any breastfeeding				Not breastfeeding				Not stated				Records with valid data				Total			
Area		Birth	10 days	6 weeks	6 months	Birth	10 days	6 weeks	6 months	Birth	10 days	6 weeks	6 months	Birth	10 days	6 weeks	6 months	Birth	10 days	6 weeks	6 months	Birth	10 days	6 weeks	6 months
Wales		62.3	37.4	28.4	20.7	63.9	52.4	38.6	27.5	36.1	47.6	61.4	72.5	11.3	12.2	26.0	29.8	88.7	87.8	74.0	70.2	.	.	.	.
Wales	Aneurin Bevan	54.2	33.3	22.9	15.2	58.9	49.2	31.6	19.3	41.1	50.8	68.4	80.7	15.7	13.7	29.3	26.7	84.3	86.3	70.7	73.3	.	.	.	.
	Betsi Cadwaladr	59.6	36.4	28.9	21.3	61.8	47.9	38.3	27.8	38.2	52.1	61.7	72.2	2.3	12.4	14.4	27.6	97.7	87.6	85.6	72.4	.	.	.	.
	Cardiff & Vale	71.9	46.5	37.1	29.1	72.1	66.2	52.5	40.0	27.9	33.8	47.5	60.0	6.9	6.2	40.7	48.9	93.1	93.8	59.3	51.1	.	.	.	.
	Cwm Taf Morgannwg	55.4	29.4	20.8	16.0	55.5	42.3	28.3	20.8	44.5	57.7	71.7	79.2	6.4	12.0	24.8	23.7	93.6	88.0	75.2	76.3	.	.	.	.
	Hywel Dda	71.3	41.2	33.1	24.5	71.3	55.0	43.2	32.8	28.7	45.0	56.8	67.2	29.5	14.8	19.1	21.2	70.5	85.2	80.9	78.8	.	.	.	.
	Powys	80.0	54.1	37.1	27.1	80.9	67.7	48.0	35.9	19.1	32.3	52.0	64.1	18.5	20.4	19.0	39.6	81.5	79.6	81.0	60.4	.	.	.	.
	Swansea Bay	63.5	33.3	27.8	21.0	63.5	50.1	39.2	29.1	36.5	49.9	60.8	70.9	13.7	12.8	30.0	23.2	86.3	87.2	70.0	76.8	.	.	.	.

# Midwifery data analysis

- Birth and discharge data are collected although not always 100% accurate.
- 10 day data in maternity is unreliable as not compulsory to complete, midwives complete at discharge which could be up to 28 days. Retrospective data collection at 28 days is not an accurate reflection on the data position at 10 days.
- The most robust 10 day data is collected by the Health Visiting service and submitted via the CYPRiS system in Child Health Department.
- There was a slight rise in breastfeeding initiation during the first wave of COVID in January 2020
- There is a clear inequality between breastfeeding initiation rates in Bridgend 69.1% compared to the Rhondda with 40.5%
- Initiation rates, 10 day and 6 week breastfeeding have remained relatively stable between Jan 2020 and March 2022.

# Midwifery improvement plan

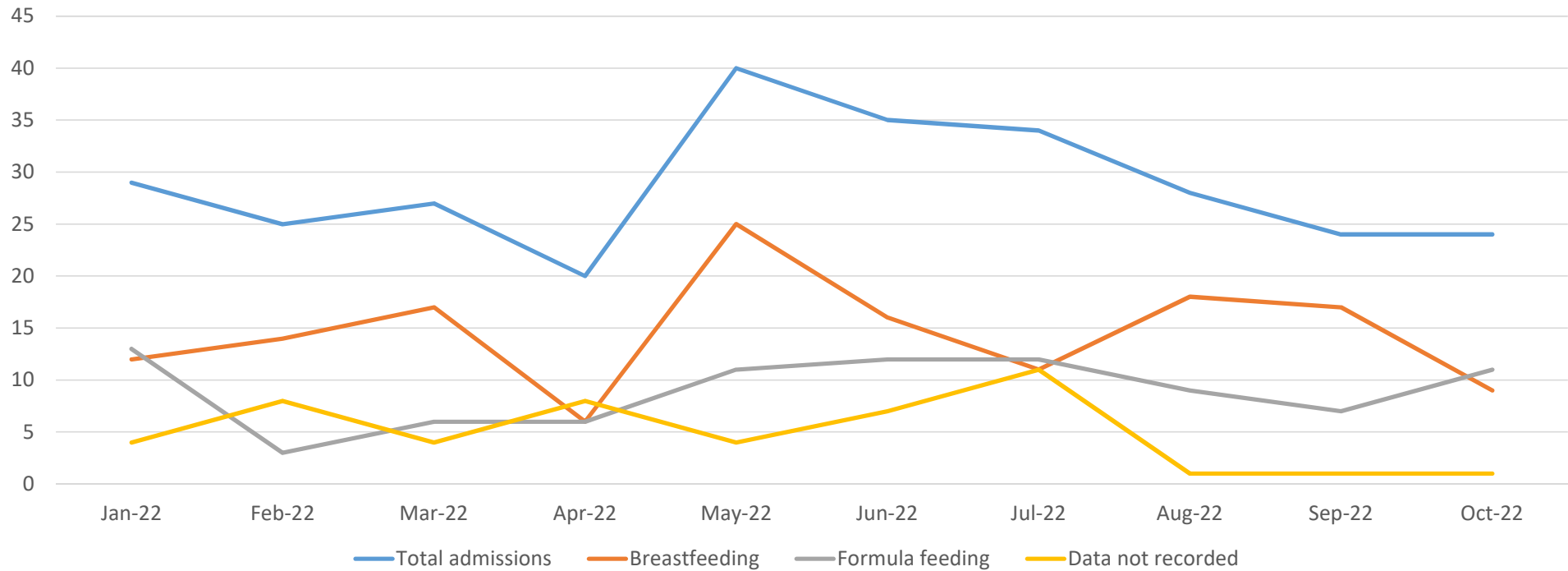
1. Antenatal expressing now much more widely recommended- new guidance last year, new leaflets popular and increasing numbers bringing in colostrum.
2. Antenatal education has been more or less on hold since 2020- community classes now restarting and in conjunction with HV work in this area will hopefully influence improvement.
3. Early colostrum project in partnership with neonatal team- to improve numbers of preterm infants receiving colostrum within six hours of birth- early expressing also improves supply and bf at discharge- launching 1<sup>st</sup> March.
3. Tirion Birth Centre as triage hub for feeding issues- midwives taking calls complete phone assessment and invite in for support/refer to specialist appropriately. Plan is for this to be further extended with Tirion number on postnatal paperwork for support, further training for staff.
3. One off one day training for staff to support preparation for Baby Friendly for all midwives and NNEBs in PCH and associated community teams.

# Neonatal service



# Neonatal Infant Feeding data for PCH

Chart Title



# Neonatal data for POWH

Admissions between 01.01.2022-31.10.2022	Breastfeeding on discharge	Formula Feeding on discharge	No data collected
196	72 = 36.7%	122 = 62.2%	1.96 = 1%

# Neonatal improvement

1. Golden drops launched on 1<sup>st</sup> March 2023
1. Peer support – there are support groups for both Neonatal groups run by parents – not feeding related
2. Both neonatal units have an engagement team that meet with Parents after discharge – ‘walk and talk’ hoping the group will eventually be run by parents
3. There has been great interest in Bliss champion volunteers for both units which is yet to be organised – Our Engagement lead for both units Lisa Baker has the post 1 day per week until March 2023.
4. Future innovation includes a neonatal Infant feeding clinic weekly appointment or drop in and training Neonatal peer supporters

# Health Visiting service- universally supporting children 0-5 years



# Data accuracy

- Continued challenges to gathering accurate data. Data is only as good as the frontloading process.
- Need for consistent data system use for use across MW, NNU, HV services. Currently Qlik dashboard, MITS, CYPRiS, Welsh Stats
- Ongoing work to improve data reporting accuracy by staff
- Plan for agreed data system to drill down to capture local data trends

What next?



# Midwifery – key areas for improvement

1. Maintain BFI standards in PCH and RGH
2. One day training for all maternity staff
3. Annual Breastfeeding Practical Skills Review for all maternity staff
4. Antenatal breastfeeding information and discussion for all pregnant women
5. The ‘golden hour’ of uninterrupted skin to skin

# Neonatal – key areas for improvement

1. To Maintain stage 3 Accreditation
2. Ensure babies receive colostrum within 2 hours of birth
3. Maintain 3 hour annual staff mandatory training
4. Encourage parents to stay overnight
5. Improve breastfeeding discharge rates

# Health Visiting - key areas for improvement

1. Maintain and build on UNICEF BFI standards
2. Roll out of Hello Baby across CTM HV service
3. Continued improvement in data collection completeness
4. Partnership working with agencies to increase the understanding of close and loving relationships and the links with BFI standards and breastfeeding
5. Development of the Breastfeeding Strategy for CTMU HB

# Challenges

- Agreement required for a single robust evidence based data and indicator framework
- No strategic breastfeeding lead to provide strategic leadership across CTMU HB
- Need for an expert lactation workforce with secured and ring-fenced time.
- Gap in cultural and community knowledge and skills about breastfeeding.
- No knowledge and skills framework to support the development of a skilled and confident workforce (primary and secondary care) and third sector at different levels (informed, skilled and expert)
- No unified and sustainable peer support models delivered across communities.
- No space and time for innovation and research in the field of breastfeeding.
- Closer collaboration is required with WIFN representatives to provide a bottom up and top down communication pathway.
- Tongue tie service models that are not aligned across localities.

# Strategic aims

- Develop a strategic lead for breastfeeding for CTMU HB, accountable to the Nurse Director
- Establish a Strategic Infant Feeding Group
- CTMU pledges to become a Breastfeeding Friendly Health Board.
- Work towards meeting the 13 Actions set out in the All Wales 5 year Action Plan
- Develop robust and accurate breastfeeding data collection systems in midwifery, neonatal, health visiting and paediatric services
- Develop a Breastfeeding Strategy for CTMU HB
- Build on UNICEF BFI Standards across midwifery, neonatal and health visiting services
- Work towards UNICEF BFI standards for Paediatric Services across CTMU HB



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



STARTING  
WELL





## Recommendation:

## The Board or Committee are asked to:

*Example:*

*The Committee are asked to:*

- *Note the Presentation*