“Off to a Good Start: All you need to know about breastfeeding”
NHS Health Scotland 2015

Professional Briefing

1) Introduction
NHS Health Scotland, under the guidance of a National Project Review Group, has developed new printed information and guidance for pregnant women and new parents about breastfeeding. This is a complete revision of the current booklet “Off to a Good Start: All you need to know about breastfeeding your baby” first developed in 2003. Changes in policy and practice and the needs and expectations of families in Scotland have prompted this comprehensive review. The new booklet will replace the current version from April 2015. An online PDF will also be available at: http://www.healthscotland.com/documents/120.aspx

This new booklet will be provided free of charge to all NHS Boards and will be given to all pregnant women in Scotland by their midwife or family nurse. It provides practical information and guidance aimed at encouraging the initiation and continuation of breastfeeding. Themes within the booklet include:

- Developing a close and loving relationship with your baby
- Preparing for breastfeeding when you are pregnant
- The benefits of breastfeeding:
- The difference between breast milk and formula
- Skin to skin contact at birth and the first magical hour
- How breastfeeding works, including positioning and attachment
- Breastfeeding when you are out and about and going back to work
- Troubleshooting guide.

The booklet should be used as a tool by healthcare professionals to enhance discussions about infant feeding with mothers and families using their services.
2) **Background**

There is considerable evidence to demonstrate the short and long term benefits of breastfeeding to both mothers and infants and this reduces the cost to and likely need for health services in later life. Infants who are breastfed are less likely to have illnesses including gastrointestinal; chest; urine and ear infections and to develop obesity and diabetes in childhood. For several of these conditions, the longer an infant is breastfed the greater the protection gained. Pre-term infants who receive breast milk are likely to have better eyesight and brain development than those who don’t and have a reduced risk of necrotising enterocolitis (NEC), a life threatening condition. Additionally, mothers who breastfeed have a lower risk of ovarian and breast cancer. Breastfeeding can also help mothers return to their pre-pregnancy weight. Exclusive breastfeeding for the first six months of life is recommended – continued with the introduction of complementary foods at around 6 months and up to the age of two years or as long as the mother wishes. This booklet supports the implementation of ‘Improving Maternal and Infant Nutrition in Scotland: A Framework for Action’ (Scottish Government 2011) and NHS Health Board activities to improve breastfeeding rates and their work towards achieving UNICEF Baby Friendly accreditation.

3) **Development process**

The content and design of the new booklet has been informed and directed by a National Review Group (see appendix 1). Members were involved in developing the structure and themes within the new booklet and providing guidance on the more technical elements of the resource. Members also assisted with the photo shoot and obtaining real life quotes from parents.

The development of the new booklet included a number of stages:

3.10 **Reviewing the current evidence**

To minimise the risk of bias, the best quality, highly processed evidence, systematic reviews and reviews of reviews were primarily used to develop the text. This approach assures the quality of the evidence and increases the likelihood that the findings and conclusions are sound. Additionally, the content has been informed by current best practice and the principles of the UNICEF Baby Friendly Standards.

A summary of the evidence considered can be found in appendix 2.

3.20 **Health Inequalities Impact Assessment (HIIA).**

An HIIA was undertaken on the initial draft text and sample visuals. The results were used to shape the tone, language and visual appearance of the final booklet. Many positive impacts were identified. The HIIA also identified specific groups within the population who may require particular attention plus areas where additional evidence is required. Some examples of potential impacts are detailed below:
Age

- Potential negative impact identified for young mothers as this group may not access maternity services/antenatal classes until late in pregnancy and may not access postnatal services.
- Potential negative impact identified for different age group if images are not representative of women of all ages including younger mums and older mums.

Race and ethnicity

- Non-English speakers may experience negative impacts as a result of barriers associated with translation. Availability of interpreters might be a particular issue as discussion with a health professional will be required.
- Asylum seekers may experience negative impacts as they may not be aware of their entitlements or have access to information and support.

Sexual orientation

- Negative impacts could arise from any language used to refer to partners/people supporting a new mother. Language should be neutral and reflect different family composition.

Involvement in the criminal justice system

- The resource could have a positive impact for women in prisons as published materials are the only resources available to this group.

Human Rights

- A negative impact could arise from a tension between the United Nations Rights of the Child. This conflict arises between the right of the child to be nurtured with the mother’s right to make a choice about breastfeeding.
- A potential negative impact if the resource fails to recognise the diverse range and composition of families in Scotland.

Other groups: women who decide not to breastfeed

There is potential to have a negative impact on women who chose not to breastfeed - it is important to ensure the tone of the language reflects an element of choice.

The HIIA recommendations were used to inform the content (text and images) of the final version of the booklet. Some recommendations are more relevant to professional practice and these are included in section 4). A copy of the full report is available on request.
3.30 Pre-testing activity
The draft text and sample visuals assessed in the HIIA were also pre-tested with a sample of the target population. The final booklet was developed in response to the needs/feedback of the target audiences listed below:

- Pregnant women – first time mothers and subsequent pregnancies (26 – 36 weeks)
- New mothers (babies under 12 months)
- Mix of feeding choice (breast, formula and undecided)
- Range of ages: 16 – 19 years and 20 – 35 years old
- Weighted in favour of those living in most deprived communities (SIMD quintiles 1 and 2)
- Fathers and BME groups.

Overall 52 participants took part in in depth interviews or focus groups. Responses to the draft resource were primarily positive across all of the sample segments. The views of the participants included:

- Key concerns and questions about breastfeeding were addressed
- It was easy to read, supportive, balanced, not intimidating
- It was inclusive in making no assumptions of knowledge and intent, yet not patronising or pushy
- ‘The first week of breastfeeding’ provides useful and reassuring content, and a stronger sense of achievability; the format should be careful to highlight the fact that experiences may differ
- Messages such as ‘take a day at a time’ and ‘some is better than none’ should be highlighted
- The sections on breastfeeding in public provide reassurance, with reference to the Breastfeeding in Public (Scotland) Act adding to a sense of empowerment
- When read in some detail, the booklet has a strong motivational impact in encouraging consideration of initiation of breastfeeding across all participants except those who are most resistant
- The discussion of expressing and the storage of breast milk further challenges preconception of the inconvenience of breastfeeding
- The section on looking after yourself was not seen as important – the information can be found elsewhere
- Breastfeeding and returning to work was not seen as realistic for most
- A single booklet is recommended (pregnancy and post natal together) – there was a strong need to be able to see the whole picture at initial consideration.

These recommendations were used to develop the final text and images within the new booklet. Some useful feedback from the pre-test is relevant for professional practice and for NHS service provision.

This includes:
• For the majority of those who had no prior breastfeeding experience, levels of understanding of breastfeeding prior to reading the booklet were very low.
• The key issue will be in encouraging engagement in the first instance, particularly amongst those audiences who may find it difficult to engage with the written format, or may not be strongly inclined to consider breastfeeding.
• Amongst those in deprived areas, social class C2D and teenagers there was little evidence of seeking information or discussing the matter.

A copy of the pre-test report is available on request.

4) Key considerations for the use of “Off to a Good Start”

A number of issues have been identified during the development of this new booklet that will be useful for practitioners and NHS Boards to consider when planning and delivering services for families in their care. These include:

• It is important to identify and consider the needs of women who may not access services until late in pregnancy and may not access postnatal services e.g. teenagers; asylum seekers. Links should be made to HEAT Ante Natal Access programmes and the Family Nurse Partnership.

• It is important to consider the needs of families where English is not their first language and ensure that arrangements are put in place for appropriate translation services as this new booklet is intended as a discussion tool for health professionals. Links to local voluntary services supporting Black and Ethnic Minority Groups may support engagement with this group.

• Where appropriate links should be made with services that support Asylum Seekers and appropriate services to support the uptake of breastfeeding should be provided.

• The needs of those with low understanding, who may find it difficult to engage with the written format, or may not be strongly inclined to consider breastfeeding should be provided with additional support. Links to community organisations working within deprived communities may help with engagement with these groups.

• Consideration should be given to the timing and manner of provision of the new booklet: via a trusted health professional with whom there is a relationship at around 20 weeks.

NHS Health Scotland 16th March 2015
## Appendix 1

### National Review Group membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Representing</th>
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<tr>
<td>Carol Barnett, Maternal and Infant Nutrition Programme Manager, NHS Tayside</td>
<td>NHS Maternity Public Health Special Interest Group</td>
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<tr>
<td>Linda McMillan, Parenthood Education Coordinator, NHS GGC</td>
<td>Scottish Antenatal Parent Education Group</td>
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<td>Helen Bryers, Head of Midwifery, NHS Highland.</td>
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<td>Gina Graham, Breastfeeding Support Coordinator, NHS Fife</td>
<td>Scottish Infant Feeding Advisor Network</td>
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<tr>
<td>Linda Gillan, Maternal &amp; Infant Nutrition Midwife, NHS Ayrshire and Arran</td>
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<tr>
<td>Linda Wolfson, Maternal and Infant Nutrition Lead, NHS Greater Glasgow and Clyde</td>
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<tr>
<td>Sarah Edwards, Ayrshire Service Manager</td>
<td>Breastfeeding Network</td>
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<tr>
<td>Sally Butt – NCT Counsellor and peer support trainer</td>
<td>NCT</td>
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<tr>
<td>Theresa McElhone, Professional Lead for Scotland</td>
<td>UNICEF UK Baby Friendly</td>
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<tr>
<td>Mary Renfrew Professor of Mother and Infant Health, Dundee University</td>
<td>Academia</td>
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<tr>
<td>Sharon Smith, Greater Glasgow and Clyde</td>
<td>NHS Maternity Quality Improvement Collaborative</td>
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<tr>
<td>Marion McPhillips FNP Supervisors in NHS Lanarkshire</td>
<td>NHS Family Nurse Partnership</td>
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<tr>
<td>Fidelma Guest, Food and Health Dietitian, NHS Fife</td>
<td>NHS Public Health Nutrition Network</td>
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<tr>
<td>Vicki Bennet, Community Dietitian, NHS Fife</td>
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<tr>
<td>Helen Yewdall – National Maternal and Infant Nutrition Co-ordinator (Chair)</td>
<td>Scottish Government</td>
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<tr>
<td>Kate Woodman, Evidence for Action Team</td>
<td>NHS Health Scotland</td>
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<tr>
<td>Euan Mackay, Senior Marketing Manager</td>
<td>NHS Health Scotland</td>
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<td>Lucy Luke, Projects Editor</td>
<td>NHS Health Scotland</td>
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<tr>
<td>Ali McDonald, Programme Manager, Early Years</td>
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<tr>
<td>Fiona Bayne, Senior Health Improvement Programme Officer (Maternal and Infant Nutrition)</td>
<td>NHS Health Scotland</td>
</tr>
</tbody>
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Appendix 2
Sources of evidence

1. UNICEF Baby friendly pregnancy conversations


23. Healthy Start http://www.healthystart.nhs.uk /


34. NICE guidelines [CG37]- Post natal care December 2014 https://www.nice.org.uk/guidance/cg37

http://ajcn.nutrition.org/content/95/5/1113.long

37. Active management of the third stage of labor may reduce breastfeeding duration due to pain and physical complications. Brown and Jordan 2014


39. “Guide for New Dads: Get ready for the most exciting journey of your life” Fatherhood Institute 2010

40. UNICEF breastfeeding checklist

41. UNICEF breastfeeding assessment form


43. Fathers experiences of supporting breastfeeding: challenges for breastfeeding promotion and education Brown and Davies 2014


45. Methods of milk expression for lactating women (Review) Cochrane Becker et al 2012

46. UNICEF guidance
http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Care-Pathways/Breastfeeding/First-days/Hand-expressing/

47. NHS choices Expressing and Storing Breast Milk

48. The Breastfeeding (Scotland) Act

49. Health and Safety Executive - New and expectant mothers guidance
http://www.hse.gov.uk/mothers/

50. Interventions in the workplace to support breastfeeding for women in employment. Cochrane collaboration Abdulwadud OA, Snow ME 2012.


54. NHS Choices: Breastfeeding problems
Matching the evidence to the content

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