

**NHS Haringey response to questions put the NHS Haringey Board –
Wednesday 28 July 2010**

Question 1: In a letter from 21 July Haringey PCT Chief Executive, Tracey Baldwin mentioned the figure of 70.27 per cent prevalence of breastfeeding in Haringey for Quarter 4 2009 and 75.6 per cent for Quarter 1 in 2010. These figures relate to the 6-8 weeks check and are “status known”.

She further mentioned a target percentage of 66%. We assume the 66% refers to the “Reduce Infant Mortality” target of the Children’s and Young People Implementation Plan 2009 – 2012.

On page 4 under Priority 1 in the ‘Be Healthy’ section of the plan breastfeeding targets are set for 87.5 per cent in 2009 and 93.2 per cent for 2010. So thus far this year Haringey is over 17 per cent short of this target. Could you explain to us if you are trying to reach the target of 93.2 per cent at all? And if yes how? And if not, why not?

The 66 per cent target relates to breastfeeding prevalence at 6-8 weeks.

The performance indicator referred to in the Children and Young People’s Plan is National Indicator 53 – Prevalence of breastfeeding at 6-8 weeks from birth. Four data lines are collected:

- a) The number of infants due for a 6-8 week check
- b) The number of infants recorded as being totally breastfed at 6-8 weeks
- c) The number of children recorded as being partially breastfed (receiving both breast milk and infant formula) at 6-8 weeks
- d) The number of children recorded as not at all breastfed at 6-8 weeks

Where:

- a) Infants due for a 6-8 week check is defined as those registered with the PCT
- b) Totally breastfed is defined as babies who are exclusively receiving breast milk at 6-8 weeks of age – that is, they are not receiving formula milk or any other liquids or food.
- c) Partially breastfed is defined as babies who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food.
- d) Not at all breastfed is defined as babies who are not currently receiving any breast milk at 6-8 weeks of age.

From this, two percentages are derived:

- 1. Percentage of infants being breastfed at 6-8 weeks
- 2. Percentage of infants for whom breastfeeding status is recorded

In the Children and Young People’s implementation plan, the 93.2% target refers to point 2 above. For Quarter 4 2009/10 we had 92.76 % of infants for whom

breastfeeding status was recorded; in Quarter 1 2010/2011, there were 96% of infants for whom breastfeeding status was recorded where the target is 91.30%.

In terms of prevalence, in Quarter 1, 2010/11, 75.37% of infants were being breastfed against a target of 66.10%. This includes those babies who are totally and partially breastfed.

Question 2: The 'Vital Signs' program analyses Breastfeeding rates at 6-8 weeks per total infants, rather than 'status known' and it also separates 'exclusive' and 'partial' Breastfeeding rates. For Quarter 1 in 2009 In Haringey the percentages were as follows:

Totally: 41.1%

Partially: 21.3%

Prevalence: 62.4%

The "status known" figures are indicated as 72.2% for the same quarter. The latter figure also makes no distinction between exclusive and partially breastfeeding rates.

Are you planning to measure figures per total infants in future? Are you planning to include a distinction between the numbers of infants which are partially and exclusively breastfed? If not, why not? If yes – what is the timeline for this?

The denominator for the breastfeeding target is those infants due for a 6-8 week check in each quarter.

In the Vital Signs Monitoring Return (VSMR) that goes to the Department of Health, the numbers are broken down as totally breastfed and partially breastfed. However, when these figures are reported nationally, they are combined to give a prevalence indicator i.e. totally and partially breastfed. Using the VSMR for Quarter 1, 2010/2011, we can see that 474 babies out of 1076 infants due for a 6-8 week check (44 per cent) were recorded as being totally breastfed. We are however, not required to routinely report on these figures.

Question 3: The Department of Health recommends exclusive breastfeeding for the first six months of a baby's life. Are you collecting data for breastfeeding rates at six months in Haringey? If not, why not? If yes, where can we find this data?

We are not collecting data for breastfeeding rates at six months in Haringey as there is no national indicator for this. Breastfeeding data is collected at 6-8 weeks because there is a universal contact with the GP at this time. There is no universal contact at 6 months so there would be no way of capturing this information. However, as part of their role in promoting breastfeeding, midwives and health visitors promote exclusive breastfeeding for 6 months.

Question 4: In her letter mentioned above Tracey Baldwin writes that Haringey PCT have started to working towards baby friendly accreditation. Are you planning to achieve baby friendly accreditation? If not, why not? If yes, what steps are you undertaking exactly to achieve this? What is the timeline and the budget for achieving baby friendly accreditation?

We are currently preparing for an implementation visit from Baby Friendly in the Autumn which is the first step in preparing for Baby Friendly accreditation see: <http://www.babyfriendly.org.uk/page.asp?page=164>

At this visit, we will receive further information about next steps. The costs for achieving Baby Friendly accreditation vary with each stage see: www.babyfriendly.org.uk/pdfs/infosheets/pricinginfosheet.pdf

Question 5: We understand that the Infant Feeding Coordinator post is funded through a Sure Start grant. Can you tell us what the PCT's annual budget is for infant feeding and how exactly this money is spent?

The Infant Feeding Co-ordinator post is funded through a Local Authority Sure Start grant. However, there are many people employed by GOSH/NHS Haringey and the acute trusts who have a role in infant feeding including midwives, health visitors, GPs, speech and language therapists, dieticians and staff working in the Child Development Centre.

Question 6: What is the Haringey PCT policy on breastfeeding advice given by health visitors, midwives and volunteers?

There is a breastfeeding policy which is currently being updated by the Infant Feeding Co-ordinator which is based on the Baby Friendly model. The advice that midwives and health visitors give is based on the UNICEF Baby Friendly training. The training programme for volunteers is through the Breastfeeding Network supported by the Infant Feeding Co-ordinator.

Question 7: What service user involvement and input are you intending for the future planning process of children's services in Haringey?

Consultation with parents and carers is conducted through a range of channels in Haringey to inform specific pieces of work. For example, the multi-agency Children and Young People's Plan was informed by consultation and involvement with local people – see www.haringey.gov.uk/consultation_report.pdf and www.haringey.gov.uk/consultation_outcomes.pdf. User involvement for future planning of children's services in Haringey will continue as part of the current arrangements through the Children's Trust.

Question 8: We understand that under the current plan health visitors are supposed to provide the majority of breastfeeding support in Haringey. For many families the first contact with a Health Visitor can be up to 28 days after birth. What is the official timescale for the first contact with a health visitor?

Under the current contingency arrangements, the new birth assessments take place up to 28 days after birth. However, contact is made with every family by the Health Visiting Team when they are notified of the baby's birth and before the new birth assessment takes place. Families can contact the Health Visiting service at this point if there are any particular issues where an early visit would be prioritised.

Difficulties with breastfeeding would be one of the issues that would prompt an earlier new birth assessment.