



Public Health  
England



# Monitoring infant feeding data support pack (Part 3)

Key data sources for planning effective breastfeeding support

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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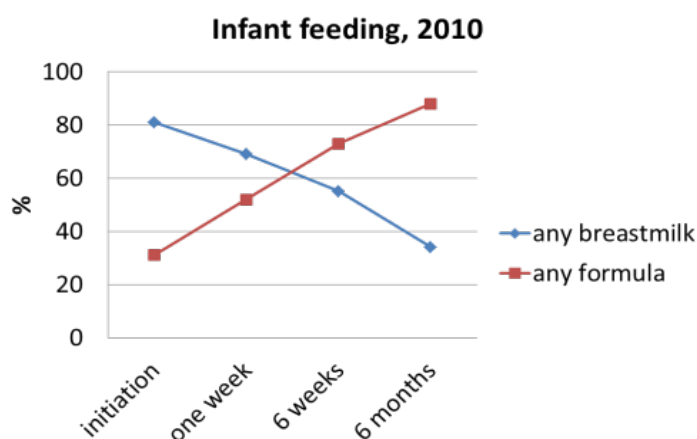
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## Introduction

The UK has some of the lowest breastfeeding rates in the world. In order to move from this position, local authorities will want to explore ways of collecting local data and monitoring progression. Women least likely to start breastfeeding are those who are white, young, early school leavers and from lower socio economic groups. Eight out of ten women who start breastfeeding say they would have liked to have breastfeed for longer if they had received the right support. This stark reality is reflected in the breastfeeding drop-off rates highlighted in the Infant Feeding Survey and the number of infants receiving formula milk in the UK.

Figure 1. National Infant Feeding Survey data, [2010](#)



The National Institute for Clinical Excellence (2011) and the [Lancet series, 2016](#) recommend implementing evidence-based initiatives to support breastfeeding. Feedback from women and their families, as well as data reporting and progress should be used to inform future commissioning and decommissioning decisions. Monitoring and evaluation that are rooted in the direct experiences of local women and their families will be powerful in helping commissioners to shape and influence future services.

This document uses an asset-based approach to set out which data sources may be available, both at national and local levels, that can be used to inform what the profile of your local population looks like in relation to infant feeding.

**The Local Government Association report: Our ambition for children and young people, 2014, sets out four high level ambitions and groups 'core measures' underneath them. Breastfeeding at 6 to 8 weeks is identified as a core measure under the ambition for all children to be healthy, happy and free from poverty.**

## What questions can you ask to check if your local authority supports good practice in infant feeding data collection, monitoring and reporting?

- do women have a conversation about infant feeding in the antenatal period with their midwife and/or health visitor?
- is evidence of an antenatal conversation for all women collected and reported?
- is infant feeding initiation data collected at the local hospital NHS trust?
- how does the local authority access initiation data?
- is evidence-based practice, supporting breastfeeding, regularly audited in the postnatal ward and the community to ensure it meets the needs of women in the early days and weeks?
- do you know how to contact your infant feeding lead within the NHS trust and the local community?
- do you know who your regional infant feeding lead is?
- are the lines of communication and accountability clearly set out?
- are evidence-based initiatives to support on-going breastfeeding support in the community and children's centres regularly audited to ensure they are fit for purpose?
- how well is the six to eight week breastfeeding data collected and collated within your local authority and does it meet the validation and quality standards?
- are you able to report on your local breastfeeding profiles using a variety of data?
- are services having a positive and measurable impact on outcomes and reducing health inequalities?
- are services being delivered to quality standards as set out in NICE guidance?

In future all national and local reporting for children’s public health will be supported by the Children’s and Young People’s Health Services dataset (CYPHS). Indicators on breastfeeding will be drawn from this new national dataset as well as the Maternity Services Data Set, and there will be options for reporting in more detail and at lower geographical levels. More information about the new datasets is available [here](#).

It is important that each local authority provides the Health and Social Care Information Centre (NHS Digital from July 2016) with a nominated contact and their details. This information should be submitted to [MCDS@hscic.gov.uk](mailto:MCDS@hscic.gov.uk). The nominated contact will receive information around N3 connectivity (the tool used by the NHS to facilitate the secure flow of information) and also the processes and timings for the request of user access to the new datasets.

## Initiation data – national

Currently, breastfeeding initiation data is not collected or reported nationally. The last quarterly collection by NHS England, before this responsibility was dissolved, was for quarter 1 2015/16, and the data is available here: [www.england.nhs.uk/statistics/2015/09/24/maternity-breastfeeding-q1-201516](http://www.england.nhs.uk/statistics/2015/09/24/maternity-breastfeeding-q1-201516)

Table 1: Public Health Outcomes Framework [PHOF technical specification](#)

PHOF Domain 2: Health Improvement.
<p><b>Breastfeeding</b>  Rationale: inclusion of this indicator will encourage the continued prioritisation of breastfeeding support locally. Increases in breastfeeding initiation and prevalence are expected to reduce illness in young children, which will in turn reduce hospital admissions of the under 1s (and the costs to the NHS that are associated with this). In the longer term, infants who are not breastfed are more likely to become obese in later childhood, develop type 2 diabetes and to have slightly higher levels of blood pressure and blood cholesterol in adulthood.</p>
<p><b>Indicator definition:</b>  Breastfeeding initiation  Numerator: number of women who initiate breastfeeding in the first 48 hours after delivery  Denominator: number of total maternities</p>

## Initiation data – local

Maternity services working towards their Unicef UK Baby Friendly Initiative accreditation will be collecting breastfeeding data and monitoring progress as part of the process of achieving Baby Friendly accreditation. Unicef UK Baby Friendly produces easy to use [audit forms](#) and [training programmes](#) for health professionals. The Baby Friendly Infant Feeding Lead may be able to provide you with initiation and prevalence breastfeeding data that is collected in the maternity services. If you do not know if the hospital has an infant feeding lead and/or who they are you can contact your regional [National Infant Feeding Network Lead \(NIFN\)](#) by email who may be able to help you.

## Prevalence data – national

### **Summary – transfer of responsibility to local authorities (interim reporting)**

From 1 October 2015 all local authorities became responsible for commissioning universal health visiting reviews for children in their local areas as part of their public health function. Commissioning of these services was previously the responsibility of NHS England, who collected and reported data relating to this activity, including the prevalence of breastfeeding at six to eight weeks.

NHS England reported on the prevalence of breastfeeding of babies aged six to eight weeks in Quarter 1 2015/16, for the final time in September 2015.

The data are available here: [www.england.nhs.uk/statistics/2015/09/24/maternity-breastfeeding-q1-201516](http://www.england.nhs.uk/statistics/2015/09/24/maternity-breastfeeding-q1-201516)

Local authorities are now responsible for collecting six to eight week breastfeeding data.

In the longer term, this data item and other relevant data items will be captured and reported by the Children and Young People's Health Services dataset ([www.hscic.gov.uk/maternityandchildren/CYPHS](http://www.hscic.gov.uk/maternityandchildren/CYPHS)), however it will be some time before reliable data can be reported from this source. Therefore Public Health England (PHE) agreed to host an **interim reporting solution** relying on data collection from all upper-tier local authorities as the new commissioners.

Although the commissioning responsibility did not transfer to local authorities until 1 October 2015, PHE requested data relating to the first two quarters of 2015/16. This allowed indicators to be reported for each local authority on a residence

basis, and provides a pre-transfer baseline to allow commissioners to monitor how the service performs throughout the transfer period.

PHE is publishing quarterly data on breastfeeding prevalence at six to eight weeks, available [here](#) and will publish annual data which will also be shown in the Public Health Outcomes Framework ([www.phoutcomes.info](http://www.phoutcomes.info)).

The Public Health Outcomes Framework sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. The framework concentrates on two high-level outcomes and groups further indicators into four ‘domains’ that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life. The indicators of breastfeeding initiation and prevalence are included in the Health Improvement domain. The PHOF data tool is published quarterly as Official Statistics.

The interim collection process requires local authorities to submit data quarterly, based on activity that took place during the quarter.

Table 2: Data items required by PHE for the breastfeeding indicator at six to eight weeks

Breastfeeding six to eight weeks	
Denominator: total number of babies turning eight weeks during the quarter, resident in the local areas	
Numerator:	
<ul style="list-style-type: none"> <li>a) Number of those babies totally breastfed at the time of the review – that is receiving only breastmilk (whether fed directly or through expressing). This figure should exclude babies given any breast milk substitutes or water, except medicines.</li> <li>b) Number of those babies partially breastfed at the time of the review – that is receiving breastmilk (whether fed directly or through expressing) as well as breast milk substitutes or water.</li> <li>c) Number of those babies not at all breastfed at the time of the review – that is not receiving any breastmilk.</li> </ul>	
The breastfeeding prevalence indicator is calculated as:	
$\frac{\text{(a) Number of those babies totally breastfed at the time of the review} + \text{(b) Number of those babies partially breastfed at the time of the review}}{\text{Total number of babies turning eight weeks during the quarter}}$	



Validation rules are applied to the data received by PHE before publishing, in a similar way to NHS England's process, to ascertain whether the data can be published.

The first two rules are basic checks that valid numbers have been provided. The third validation rule enforces the quality standard, ensuring that at least 85% of infants have a recorded breastfeeding status at six to eight weeks. If this is not the case, a breastfeeding prevalence statistic for the area cannot be published.

Communication on the process for submitting data has been issued to local directors of public health and public health analysts. Details, including full technical guidance for submission can be found at [www.chimat.org.uk/transfer](http://www.chimat.org.uk/transfer). Any queries should be directed to [Interimreporting@phe.gov.uk](mailto:Interimreporting@phe.gov.uk).

## Prevalence data – local

Health visiting services and children's centres working towards their Unicef UK Baby Friendly Initiative accreditation will be collecting breastfeeding data and monitoring progress as part of the process of achieving Baby Friendly accreditation. Unicef UK Baby Friendly produces easy to use [audit forms](#) and [training programmes](#) for staff. The health visitor or children's centre Baby Friendly lead may be able to provide you with breastfeeding prevalence data that is collected in your local area at a variety of time points. Good practice would be to collect data at five to ten days, ten to 14 days, six to eight weeks, four months, six months, one year and two years. If you do not know if the community services have an infant feeding lead and/or who they are you can email your regional [National Infant Feeding Network Lead \(NIFN\)](#) who may be able to help you.



## The National Infant Feeding Network (NIFN)

The National Infant Feeding Network is a network of 700 infant feeding specialists and academics responsible for the education and support of 75,000 health professionals and 5,000 students across England and Northern Ireland, who in turn are responsible for caring for over 650,000 mothers and babies every year.

Effective communication across the networks is co-ordinated by nine local leads who provide representation of their members' views at national strategic level. To find out who your local regional lead is go to [NIFN England](#). Each regional lead

has a database of members; they will be able help to connect you to your local Infant Feeding Lead, who may be able to help you source locally collected data.

## ChiMat's child health profiles for local areas

Local authorities looking to explore the data and outcomes for children can use the views within the breastfeeding profiles to raise questions and set nationally reported data alongside local data and intelligence. Some examples of how the breastfeeding profiles might inform practice are as follows:

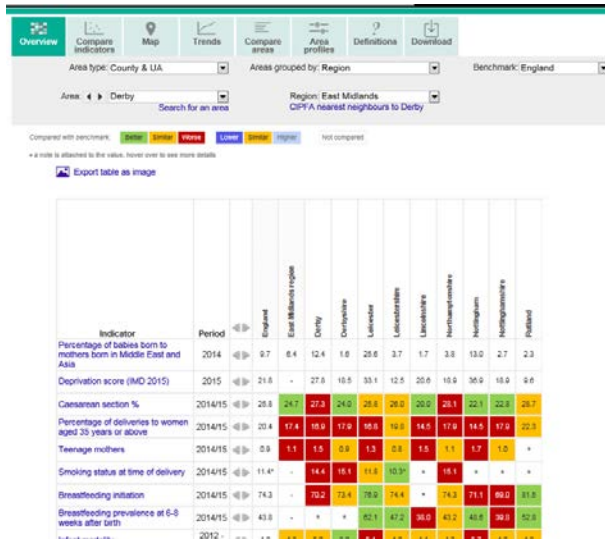
- if you can see on the map view that breastfeeding prevalence rates are higher in neighbouring local authorities, and in local authorities with similar demographics, consider working with these local authorities to understand their commissioning arrangements and how the services are provided – this may suggest ways that women in your own local area could be supported to breastfeed for longer
- if you see that you have a high proportion of women from groups where breastfeeding rates are generally low (for example a high proportion of teenage mothers) consider commissioning specific services to support these mothers to breastfeed
- if you see from the area profile view that rates of admissions of very young babies are relatively high, consider working with trusts to understand and potentially address the main reasons for readmission (rates of admission soon after birth can be affected by a number of factors, so these should always be considered in context)

ChiMat local profile data shows performance against a range of indicators describing demographic, breastfeeding behaviour and health outcomes for mothers and their children

<http://atlas.chimat.org.uk/IAS/dataviews/breastfeedingprofile>

On opening the profile an overview page is shown, showing a summary of the indicators for all areas in a region. A different region can be selected using the drop down options at the top of the page.

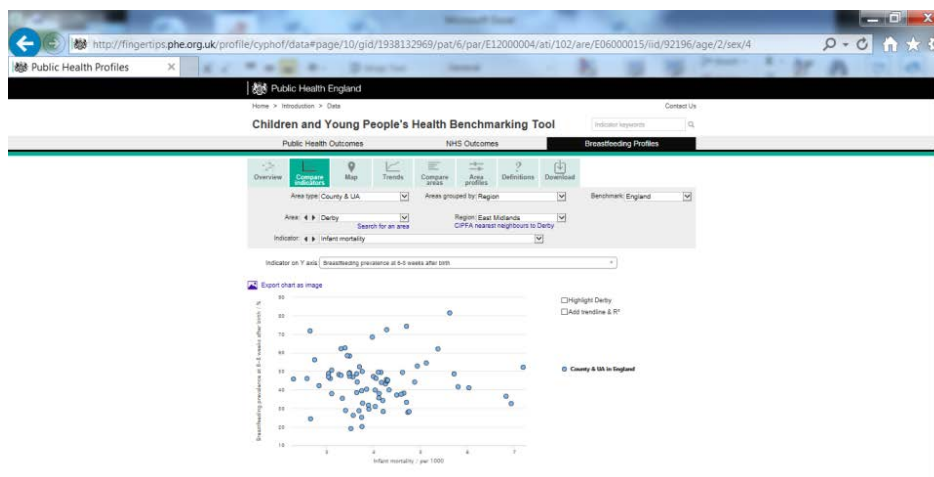
Figure 2. Benchmarking tool Child Health profiles



Other views can be accessed using the light green tabs at the top of the page. The available views are as follows:

- compare indicators: allows two indicators to be plotted against each other in a correlation chart view; for example, you can plot breastfeeding initiation against IMD2015 for all local authorities in England – this view has options to draw a trend line, and to highlight a specific area (remember to select the area you are interested in from the drop down menus)

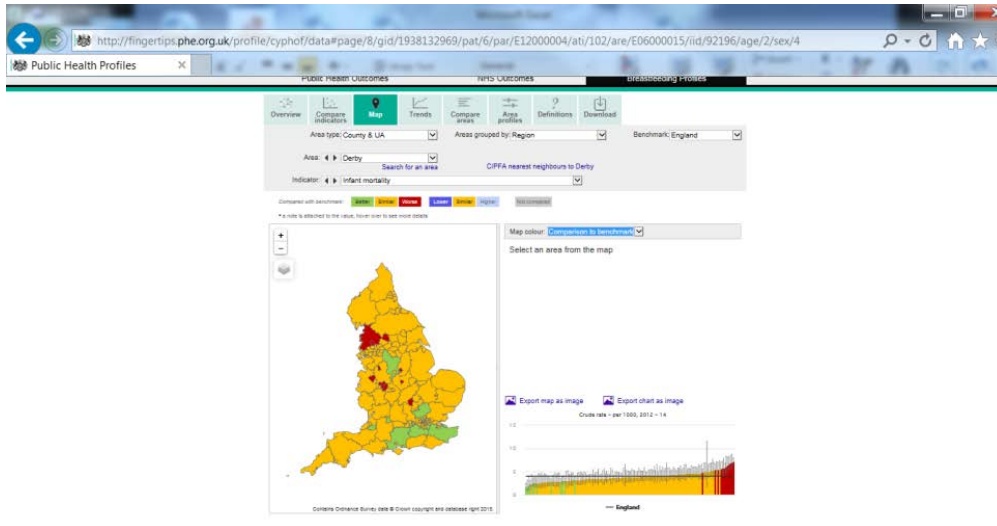
Figure 3. Compare indicators



# Commissioning Infant Feeding Services Part 3: Monitoring Data

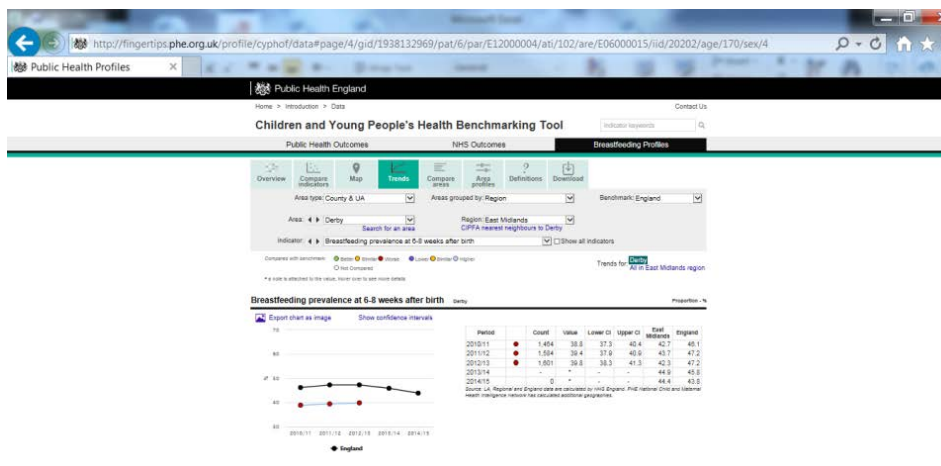
- map: allows you to view an indicator on a map of England (remember to select the indicator you are interested in from the drop down menus)

Figure 4. Map



- trends: allows you to view the trend for an indicator, where data is available (remember to select the indicator you are interested in from the drop down menus)

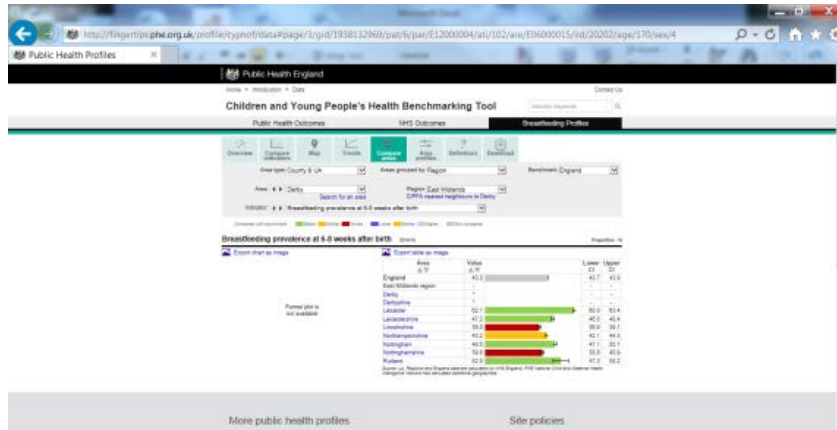
Figure 5. Trends



# Commissioning Infant Feeding Services Part 3: Monitoring Data

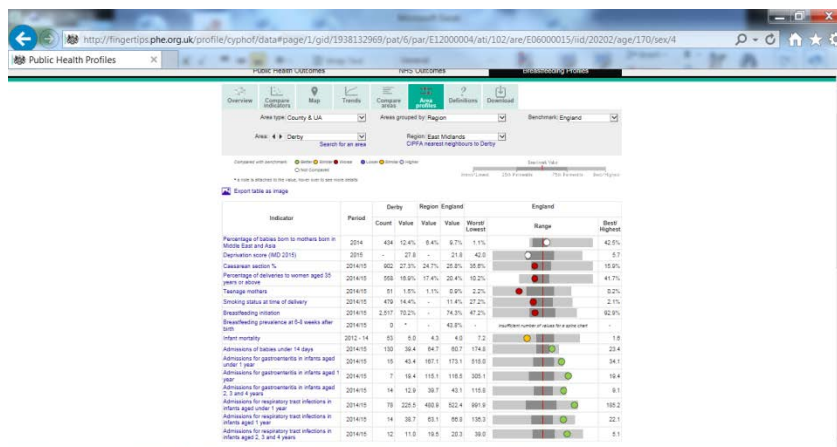
- compare areas: shows all areas for a specific indicator on a bar chart

Figure 6. Comparing areas



- area profiles: shows all the indicators in the breastfeeding profiles for a single local authority on a spine chart.

Figure 7. Area profiles





## Other data sources

### **Local Government Association (LGA) Research Report – Our ambition for children and young people: [Supporting Data Pack](#)**

This report is intended to provide a starting point and framework for local discussions with partners about how to join up services for children and young people around their needs and aspirations and how to measure success locally. The LGA provides an online mapping tool to compare local authority progress for some of the core measures.

### **The early years profiles**

NHS England and PHE's National Child and Maternal Health Intelligence Network have developed a health profile of public health outcomes relating to early years (children aged nought to five years). [The early years profiles](#) are designed to help commissioners and providers of health visiting services to assess the priorities for and outcomes of the transformation of health visiting services in line with the Health Visitor Implementation Plan 2011 to 2015. Using the profiles, you can see at a glance how your local area performs against key indicators. You can also compare the data with other local authorities and nationally.

### **Triannual care quality commission maternity survey**

This report presents the findings from the [2015 Maternity Survey](#), which asked women in England who had a live birth in February 2015 about their experiences of NHS maternity services. As the regulator of providers of NHS care in England, the Care Quality Commission (CQC) publishes a separate [response](#) to the survey. The survey covers the start of pregnancy, antenatal care, labour and birth, and postnatal care received in the weeks after having a baby. The questions related to women's access to care, communication with staff, involvement in decision-making and continuity of care, among other key themes including infant feeding.

### **National Maternity Survey**

Findings of the 2014 [National Maternity Survey](#), compared with earlier surveys in 2006 and 2010, show that postnatal hospital stays are continuing to get shorter and the number of postnatal visits is declining. Overall satisfaction with care remains high although, as in earlier surveys, satisfaction with postnatal care is lower than that for antenatal, labour and delivery care. While many women said they received the help they needed, more than a quarter of women would have liked more help with feeding their baby.

The [Infant Feeding Survey](#) (IFS) has been conducted every five years since 1975. The 2010 IFS was the eighth national survey of infant feeding practices to be conducted. The main aim of the survey was to provide estimates on the incidence, prevalence, and duration of breastfeeding and other feeding practices adopted by mothers in the first eight to ten months after their baby was born. The IFS ran for the final time in 2010.

## Example of good practice

### Good Food for London report

The Good Food for London report and the London Food Poverty Profile report map local councils in their progress to achieving the Unicef UK Baby Friendly Initiative accreditation as a mechanism for improving breastfeeding. 2015 saw an increase in engagement by London councils in supporting breastfeeding and observed that many councils are tackling food poverty by encouraging breastfeeding to ensure the best start in life for infants. For more information see [Good Food for London](#) and the [London Food Poverty Profile](#)

You may like to explore how you are progressing in relation to other local authorities in your area.

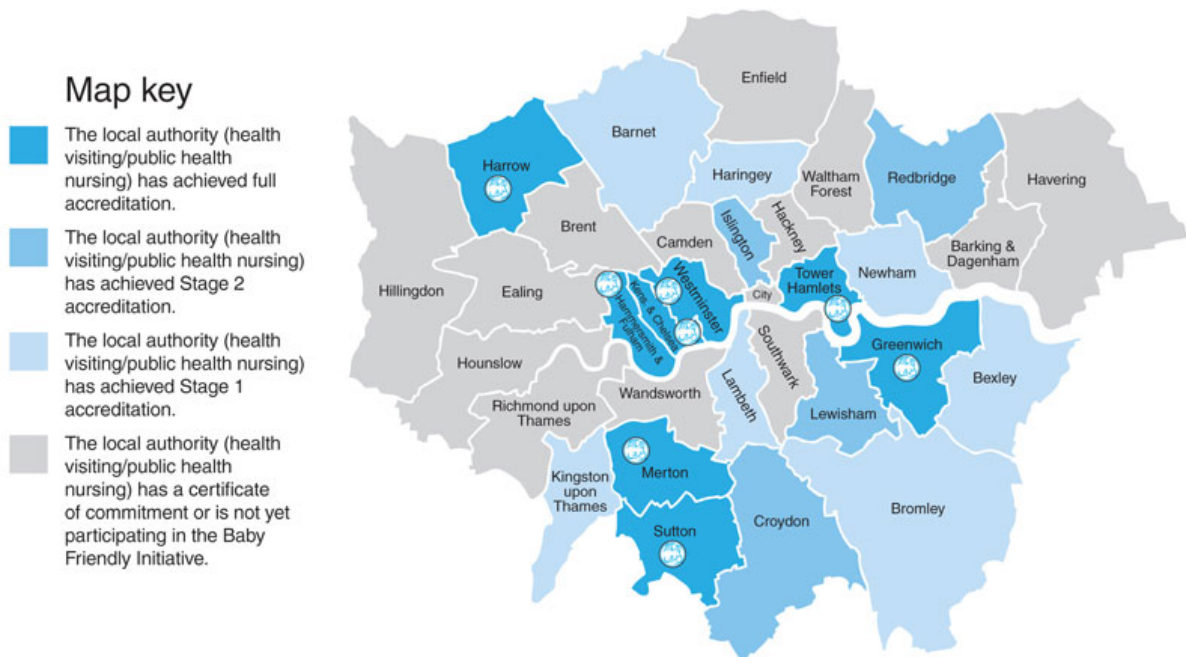


Figure 10. London Boroughs – progress with implementing the Unicef UK Baby Friendly Initiative (2015)