

Email 1:

From: Sarah Norris

To: SACN

Subject: SACN Report

Dear Sir/Madam,

I am writing in response to the SACN Report and the request for comments about studies or data that have been missed, and so I would like to draw your attention to a glaring omission that not only skews the financial argument for breastfeeding, but also raises serious safety issues about the safety and advisability of the current focus on exclusive breastfeeding.

The Fed Is Best Foundation has been raising awareness about the dangers of exclusive breastfeeding, as it is being implemented currently in US hospitals, due to the serious potential risk to the baby's health from Hyperbilirubinemia, Hybernatermia, and Hypoglycemia. They have tens of thousands of stories from women whose babies have suffered in this way including many cases of accidental starvation, brain damage, developmental delay, and even a death and also amassed a wealth of up to date scientific and medical data.

As the UK representative of this charity I am concerned about the situation here in the UK, but I am also a fierce supporter of our NHS and do not want to see it brought in to disrepute.

I too am collecting personal stories, but I have also attempted to collect firm data for the UK using the Freedom of Information Act, and the results are alarming in more than one way.

I approached 34 hospitals around the UK (not the biggest London ones) and for term babies under 4 weeks of age I requested readmission rates, and number for babies diagnosed with hyperbilirubinemia, hypernatremia, and hypoglycaemia for 2015.

Out of the 26 that responded I was horrified to see the casual and piecemeal approach to data collection, with 1 major hospital not routinely recording ANY of my fields of enquiry, 3 not recording 1 or more of the fields, 1 replied that the data was only recorded in patients records so would take too long to collate, and 1 stating that it had no codes for the data.

This would indicate a review of the procedure for efficient, accessible and consistent data collection in NHS hospitals is needed as a matter of urgency in order to be able to accurately monitor the results and the safety of the current and planned feeding recommendations.

The usable data I did manage to collect showed

Readmissions – 6877

Hyperbilirubinemia – 29739

Hypernatremia – 485

Hypoglycemia – 2276

Whilst there may be other underlying causes for these conditions it is widely accepted that they are commonly the result of feeding difficulties, primarily as a result of failed or inadequate breastfeeding. Therefore, I would suggest that this needs to be the subject of urgent data collection and medical review in order to safeguard baby's health.

Many of these feeding problems could be prevented with judicious temporary supplementation. This has been suggested to actually support and prolong breastfeeding so further research in to this area could be very beneficial to all concerned.

I would also suggest that to say breastfeeding could save the NHS £'s is wildly inaccurate because it does not take in to account the cost of these feeding related readmissions and initial treatment, the cost of further monitoring and treatment in the community, the cost of lifetime care for the most damaged babies, and the litigation costs and compensation paid out by the NHS e.g £235.4m used to settle 60 claims of negligence where hospital staff failed to detect hypoglycaemia resulting in complications, and the deaths of 2 babies.

I think it would also be medically responsible to make a direct comparison between the number of babies admitted to hospital for gastro intestinal and upper respiratory infections (522 respiratory infections and 173 gastro intestinal infections per 10,000) against the thousands being readmitted and treated for failed breastfeeding related problems, and also compare the financial costs incurred, both long and short term because the resulting data could have a significant influence over present and future recommendations regarding exclusive breastfeeding. It occurs to me when looking at these figures it is possible that in trying to solve one problem, these guidelines have actually created a much greater one ?

I also think it is a matter of urgency to review the scientific validity of some of the current advice being given to breastfeeding parents relating to newborn stomach size, acceptable, safe weight loss, signs of dehydration, and the calorific requirements of a newborn compared with calorific content of colostrum and breastmilk in the quantities being produced by the mother. These are all either under taught to healthcare professionals, or are inaccurate and out of date and may leave the NHS vulnerable to further litigation.

With the recent public scandal regarding the 'natural birth' movement where ideology was allowed to hold sway over substantiated scientific and medical evidence and which led to deaths and damage, I believe it is vital in future that the NHS be above reproach in this area.

I have attached the Education Pack from the Fed Is Best Foundation which provides the latest research and findings, and they are more than happy to share any other information they have and to help your research in any way they can.

Yours Sincerely

Sarah Norris

Email 2:

From: Sarah Norris

To: SACN

Subject: Feeding in the First Year of Life Report

Dear Sir/Madam

With 25 years real, front line experience as a Maternity Nurse in The UK, I am seeing daily the negative impact that the current 'exclusive breastfeed at all costs' agenda is having on the physical health of babies and on the mental health of the mothers.

I am seeing an increase in feeding related exhaustion and anxiety, and have seen first-hand how the ubiquitous, relentless pressure towards exclusive breastfeeding and the guilt involved is contributing to PND in vulnerable parents.

When I speak to many mental health professionals they are voicing the same concerns, so I was dismayed on reading the SACN Report to see no mention anywhere of Maternal Mental Health.

There has been a recent surge in negative publicity relating to mental health provision deficiencies plus concerns raised about the adverse effects of breastfeeding pressure.

Surely this is significant enough to warrant investigation and data collection as part of a responsible approach to monitoring the safety of the current guidelines ?

At the very least the financial aspect of diagnosing, hospitalisation, mother and baby units, and ongoing psychiatric care for mothers affected in this way should be explored and added to any equation relating to the financial benefits to the NHS of long term exclusive breastfeeding.

I also think there should be some research in to the amount of money being spent on breastfeeding promotion campaigns and BFHI accreditation bearing in mind your own research shows that though breastfeeding initiation rates have increased slightly, the number of women discontinuing breastfeeding by 6 weeks is unchanged since 1990.

This would indicate that current guidelines and policies are actually having no positive effect, and could benefit from close scrutiny and re appraisal before more money is spent in the same way.

I would be happy to help in any way I can so please don't hesitate to contact me.

Regards,

Sarah Norris